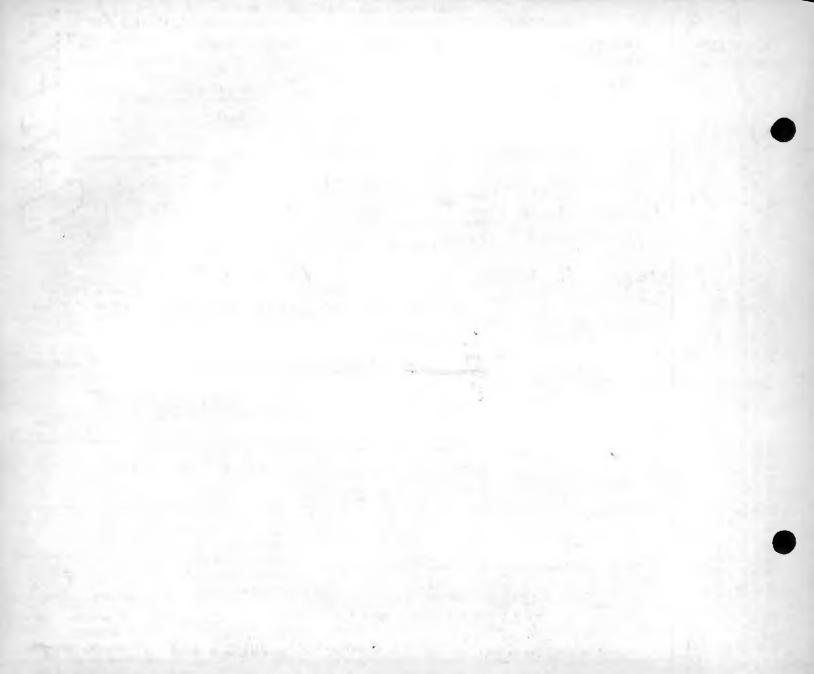
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09436 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNT delay is and 3 to PM3. Page MARYLAND Departmen b. CITY OR TOWN (If outside corporate limits,
write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) after Kron d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS o IS RESIDENCE ON A FARM? haurs ote Item 18. Give Pages YES NOA after death, alang with 3. NAME OF Middle 4 DATE Month Inst Year DECEASED (Type or print) DEATH IF LINDER DATE OF BIRTH AGE (In years NEVER MARRIED last birthdoy) Months Hours WIDOWED DIVORCED hours Office and 2 event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) duy NOUSE(DIFF pages in any 13. FATHER'S NAME pencil within FOGUS 1006 h pub 17. INFORMANT Address/)N/8 MOS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? be executed permit. ar remayal. (Yes, no, or unknown) (If yes give wor or dates of service HOSPITAL RECORDS EUCOOH MO 18. CAUSE OF DEATH (Enter only one couse per line, for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH FHORRHAGE IMMEDIATE CAUSE (o) certificate should writing the ward crematian, DUE TO ACEVATED LIVER Conditions, if any, which gave be farwarded ta rise to immediate couse (a) DUE TO stating the underlying couse 0 ULLET WOUND O'F ARDOTEN AND CHES SD burial, WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO IX its designated agent, prior ta 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) shauld EXAMINER: TIFLE foctory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour o.m. FUNERAL DIRECTOR: Page ON ot work please execute 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection ond in my opinion funeral directar. deoth resulted from: Notural couses Accident . Suicide X Undetermined monner Homicide may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY b DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Tandress (Short with Tolan, of couply) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION. 23b. DATE THEREO! (Stote) 400 WEST NOTTINGHAM ECIL COLORA REED 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR RISING SUN, MD VR ATSME (5) 6M 1/66

STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09437 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) MARYLAND CITY OR TOWN (If outside coppo of limits, the death certificate be executed within 24 hours of c. LENGTH OF STAY IN 1b write RURAL and give negrest town) e RURAL and give negrest fown) son popers. Pag within 72 hours 2 W. = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? NO 3. NAME OF overembon Middle 4. DATE Lost Month Doy Year pompletely DECEASED Cochran DEATH July 19 67 (Type or print) Joseph Barnard SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH AGE (In Veors IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Doys Hours WIDOWED DIVORCED Maile White ond in on puo 10o. USUAL OSCUPATION (Give kind of work done 1. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY ? during host a warking life, ever if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI ar removal, permit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT buriol, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH The law requires that IMMEDIATE CAUSE (o) be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO for use as the b stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO certificote ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II) of item 18.1 OR CONTRIBUTING CAUSE OF DEATH af detached (IF EITHER, NOTIFY MEDICAL FXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. (City or town) (Stote) (County) Hour To.m. foctory, street, office bldq., etc.) Not While of work of work 21. I certify that (I) (this haspital) attended the deceased fram 19 that (I) (we) last director, page 3 should should be filed with the O FUNERAL DIRECTOR: 1967, and that death accurred at 2 M. M. com causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE DATE SIGNED MED. DIRECTOR ATTENDING PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Ernest Seiter 28 Cherry St. Sun. 230. BURIAL PREMATION. 23b. DATE THEREOF CEMETERY OR CREMATOR (Store) REMOVAL (Specify) RAL DIRECTOR VR A15 (4) 25M 1/67

July design former agasts. A CONTRACTOR Electric territorial and the formation of the formation o A. must exercise as the delivery of the delive the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09438 CERTIFICATE OF DEATH death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY Cecil within 24 hours after MARYLAND Maryland Harford within 72 hours aft b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Perryville 25 Yrs 5 Mo Havre de Grace filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1206 Revolution St. VAH., Perry Point, Md. YES NO 3 3. NAME OF Middle Logu First 4. DATE Month Day Year completely DECEASED Paul D. Bennington July 19 67 ove cor (Type or print) DEATH requires that the death certificate be executed S. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED 9. AGE (In years 7. MARRIED last birthday) Months Days Haurs WIDOWED X 8-13-95 and in only Male White DIVORCED Геп pup 10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician a during most of working life, even if retired) COUNTRY? Cardiff, Md. Laundryman U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, attending phys IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, na, or unknown) (If yes give war or dates of service 217-54-9047 VA Hospital Records, Perry Point. Yes 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY: onset and Death sudden Ventricular Fibrillation IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital or attending physician. 4201 DUE TO Canditions, if ony, which gove Coronary Artery Occlusion rise to immediate cause (a). DUE TO stating the underlying cause 計 Arteriosclerotic Heart Disease SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS'
PERFORMED? for use Heolth use YESKIST NO certificate 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER: 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or tawn) 20e. PLACE OF INJURY (Hame, form, (County) (State) Hgur o.m. factory, street, affice bldg., etc.) Not While ATTENDING at wark at wark 21. I certify that (1) (this haspital) attended the deceased from the b. 21 1941, to July 3 . 167 HOXXXXXXXXXXXXXX should O FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED ATTENDING 7-4-67 director, pogn 3 should be filed v DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Joaquin R. Garcia, M.D. VAH Perry Point, Md. 230. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Rock Run Cemetery Harford Leve: 25b. REGISTRAR'S SIGNATURE

Havre De Grace, Md.

25g. REC'D BY REGISTRAR

1967

Charles

24. FUNERAL DIRECTOR

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DATE OF STREETING

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09433 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY Page 9 delay b. CITY OR TOWN (If gutside carporate limits. CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) P.M3. (If not in hospital give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? farm haurs Item 18. Give Pages 1, NO I 24 haurs after death. DATE Year DECEASED OF DEATH (Type or print) alang IF UNDER 1 YEAR 6. COLON OR RACE 9. AGE (In years NEVER MARRIED 10 dost birthday) Manths Days Haurs WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDHISTRY Bridgeport, Conn. Child 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within = Ethel Mae Williams. Leroy Blanding Sr. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war ar dates of service) removal Amanda Moore, 1107 Central Ave. Chester, Pa. None. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ar IMMEDIATE CAUSE (a) This certificate should cremation, DHE TO farwarded to the Conditions, if any, which gave rise to immediate cause (o). DHE TO stoting the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) prior PRIMARY or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED ZOe. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) Not While at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 17. ond in my opinion the funeral director. death resulted fram: Natural causes Accident Suicide Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23d. 10CATION (City or Town) 23o. BURIAL, (REMATION, 23h. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY (County) 0 Burial (Specify) August, 4, 1967 Haven Memorial Park Feltonville. Del.Co: Pa. 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR VR A15ME (5) 6M 1/66

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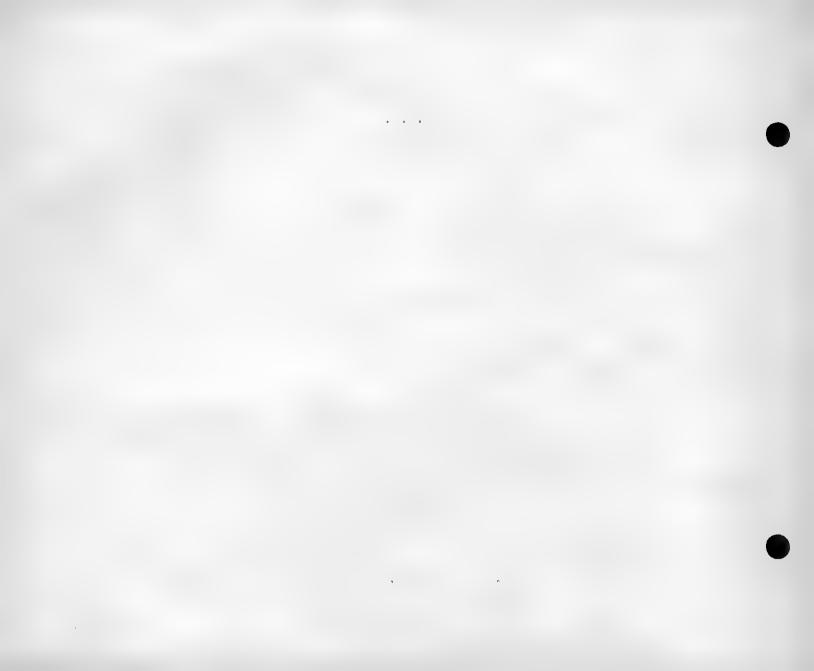
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09440 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY filled in by ... Pages 1 MARYLAND C. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If autside corporate write RURAL and give, nearest town d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS campletely filled YES NO D N N 3. NAME OF Middle 4. DATE Month Day First. Lost Year DECEASED OF DEATH Car and in any event, (Type or print) IF UNDER 1 YEAR LIF UNDER 24 HRS S. SEX DATE 9. AGE 7. MARRIED NEVER MARRIED remove Manths birthday) Davs WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or larging country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired 13. FATHER'S NAME crematian, or removal, Address FLK tox IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na prymknawn) (If yes give war ar dates of service) DORO 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p burial, cremati PART I, DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) by the hospital ar attending physician. DUE TO Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stating the underlying couse the has been priar ta OS 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) be detached far use State Dept. af Health YES NO TO FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat While of work 21. I certify that (I) (this haspital) attended the deceased fram JULY 13, 1949, to JULY 18 saw the deceased alive an JULY 18, 1949, and that death occurred at 11:55 M, fram causes a __, 19<u>67</u>, that (I) (we) last TO HOSPITAL OR ATTEND Page 4 may be retained 1967, and that death occurred at 11:05 P. M. fram causes and an the date stated above 22a. SIGNASURE 22b. DATE SIGNED M.D. DIRECTOR director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 237 E.M DREW 23d. LOCATION (City or Town) (County) (State) 23g. BURIAL, CREMATION, 23b. DATE THEREOF OPE WELL OPE WELL EM 25b. REGISTRAR'S SIGNATURE **LUNERAL DIRECTOR ADDRESS** 250. REC'D BY REGISTRAR Victories

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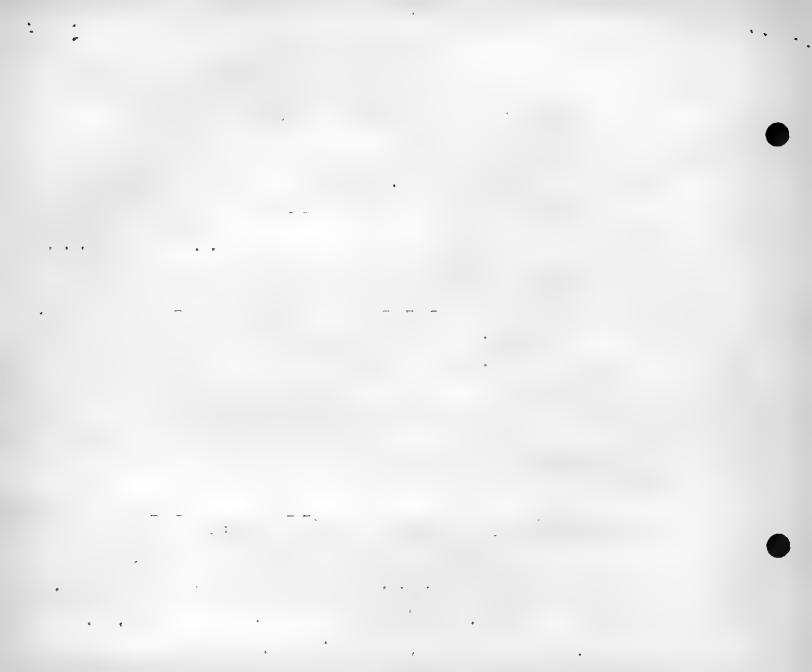
Agrico.	S-1, 1887 S. Inc.	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09441 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death and I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Cecil Cecil MARYLAND b (11Y OR TOWN (If autside carparate limits, write RURAL and give nearest town) E TENGTH OF STAY IN 16 c (ITY OR TOWN (If autside carparate imits, write RURAL and give negrest tawn) D.O.A. Elkton Rural. North East d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS Union Hospital R.D. 2 YES NO W NAME OF Midola First 4 DATE Lost Month Day Year DECEASED OF CECIL July BROWN 10 67 19 (Type or print) and in any event, DEATH 5 SEX 6. COLOR OR RACE AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Manths Days Haurs Male White WIDOWED DIVORCED Aug. 6. 1896 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Carpenter Fibre Harford Co. Maryland
14. MOTHER'S MAIDEN NAME LIGA 13. FATHER'S NAME crematian, or remayal, George Brown Anna Isaac Address R.D.2 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, 19, or unknown) (If yes give war ar dates of service) 186-09-3812 Earl B. Brown North East, Md. IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: NYERVAL BETWEEN signed by the DNSEL AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate cause (a). DUE TO stating the underlying cause as the WAS AUTOPS' PART II OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART this certificate has of Health ja 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part Nor Part 1 of item 18) ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (County) (Stote) Haur to m. Nat While factory, street, office blda., etc 1 at work Page 4 may be retained by 21. I certify that (1) (this hospital) attended the deceased fram 5 - 13 1965, ta 7 - 10 -, 1965, that (1) (we) last 9 - 1965, and that geath accurred at DIRECTOR: M, fram causes and an the date stated above. saw the deceased alive an 22g SIGNATURE 22b DATE SIGNED **ATTENDING** DIRECTOR . M.D filed page 22c PHYSICIAN'S Cuxz, M.D. FUNERAL Cecil Avenue, N.E., director, po should be f NAME (Type) DATE THEREOF 23g. BURJAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County) (State) REMOVAL (Specify)
Burial Md. 0 Rethel Methodist 24. FUNERAL DIRECTOR 25a REC'D BY REGISTRAR 2Sb ADDRESS Box 22 25M 1/67 Grant Funeral North East. Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09442 CERTIFICATE OF DEATH 24 haurs after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission a. COUNTY o. STATE Maryland b. COUNTY Harford Cecil MARYLAND Pages b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY DR IDWN (If autside corporate limits, write RURAL and give nearest tawn) ease remave carbon papers Pages and in any event, within 72 hours af write RURAL and give nearest town)
Perry Point 84 days Joppa. 21085 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ⊑ d STREET ADDRESS e IS RES DENCE DN A FARM? 20 VA Hospital 1240 Plaza Circle YES NO THE NAME OF Middle 4 DATE Lost Day Year DECEASED July 24, P. BURGESS 67 (Type or print) Harry DEATH 19 The law requires that the death certificate be executed IF UNDER 1 YEAR | IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED B DATE OF BIRTH 9. AGE (In years NEVER MARRIED please remave EB lost birthdoy) 68 yrs. Months Dovs Hours White 9-4-98 WIDOWED DIVDRCED Male and 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 13. BIRTHPLACE (County & State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired)
Coordinator INDUSTRY attending physician permit. Then please Brooklyn, N.Y. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, Henry Burgess Carmela Iamonica Deceased Deceased 17 INFORMANT IS WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY ND. permit. (Yes no, or unknown) (If yes give war or dates of service) 050-07-24-22 VA Hospital Records - Perry Point, Md. WW I Yes 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY B burial-transit ONSET AND DEATH Arteriosclerotic heart disease by the naspital ar attending physician 4200 Cardiac failure Conditions, if any, which gove nse to immediate cause (a). DUE TO stoting the underlying couse os the priar ta t has been last 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(o) CERTIFICATION NO IS PHYSICIAN: 10 20o ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of item 183) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER ¥ 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) 20c TIME OF INJURY Month, Day, Year (County) (Stote) TO FUNERAL DIRECTOR: After this Not While AED MED Hour o.m. factory, street, office bldg., etc.) While TO HOSPITAL OR ATTENDING Page 4 may be retained by the of work 21. I certify that (Acthis haspital) attended the deceased fram 5-1-67 ta 7-24-67 , 19____, tlantidibisanbiasa director, page 3 shauld should be filed with the and that death accurred at 5:05M, fram causes and an the date stated above 220. SIONATURE 22b DATE SIGNED STAFF PHYS 7-24-67 DIRECTOR M.D. PHYS 22d ADDRESS 22c PHYS CIAI NAME (Type) JOEL BLANCAFLOR, M.D. VA Hospital - Perry Point, Md. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a BURIAL CREMATION (County) (Stote) Baltimore National Cem. 7/26/67. Baltimore, Md.

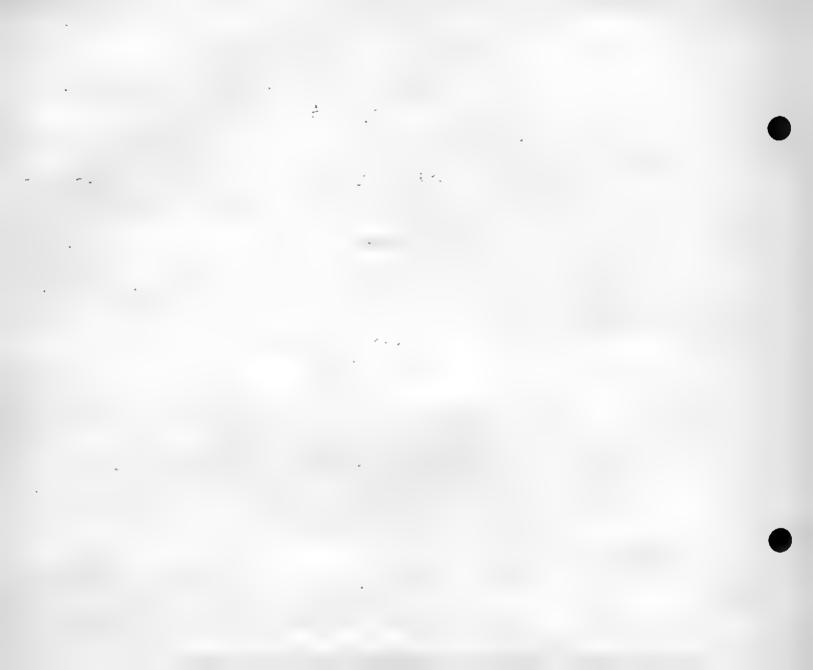
25b REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Radull 2 5 1967 Leonard J. Ruck Funeral Home, 5305 Harford Ochania



2		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	. 2	C9443 CERTIFICATE OF DEATH C0443	
	requires that the death certificate be executed within 24 hours after death physician signed by the attending physician apa campletely filled in by the funeral signed by the attending physician apa campletely filled in by the funeral burial-transit permit. Then please remove cabon papers. Pages of and 2 burial, cremation, ar removal, and in any event, within 72 hours they peath burial, cremation, ar removal, and in any event, within 72 hours they peath	1 PLACE OF DEATH O. COUNTY O. STATE D. COUNTY O. STATE D. COUNTY D	
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	t (2000)	b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL, and give nearest town)	
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	within 24 hour ely filled in by ban papers. within 72 had	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?	
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	e executed within 24 I apd campletely filled in femaye carbon paper nany event, within 72	3. NAME OF First Middle Lost 4 DATE Month Day Year DECEASED (Type or print) Havry H. Clauton DEATH July 12, 1967	
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	physician (physician (nen please noval, and i	13. FATHER'S NAME	_
	certi ph hen nov	David Clayton Ella Marshall	_
	he death ce attending permit. The	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	
	dec armi	216-05-1364 IVAS. Tinha Texerinan, (harcestown, into	
	equires that the death certifichysician signed by the attending phy burial-transit permit. Then burial, cremation, ar remova	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) Rewite major caused in facetions	
	equires that the physician signed by the burial-transit burial, crematic	PART I CEATH WAS CAUSE BY IMMEDIATE CAUSE (0) Acute improvadial infanction. ONSET AND DEATH	
	sicio sicio al-ti al, c	Conditions, if any, which gove) (b) ASCVD.	
	phy sign buri buri	rise to immediate cause (a), (_
	ing een the r to	stating the underlying couse DUE 10 (c)	
	icians: The law repital or attending inflicate has been of far use as the of Health prior to	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY	=
	The ratte e has use a alth pr	PERFORMED? YES NO 20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR FITHER NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
	IAN; ol o ol o ficati far far Hec	20b ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
	OR ATTENDING PHYSICIAN be retained by the haspital of DIRECTOR: After this certificat ge 3 shauld be detached far led with the State Dept. of Her	GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	G PHYSIC the haspi this certi detached te Dept. a	20c TIME OF INJURY Manth, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, 12Df. (City or town) (County) (State Hour o.m. 19 street, office bldg., etc.))
	NG y th y th er th e de ate	p.ii. · · · · · · · · · · · · · · · · · ·	
	Aff d b d b d b St	21. I certify that (I) (this haspital) attended the deceased fram 7 - 30 , 1962, to 7 - 1/1 , 1967, that (I) (we) saw the deceased alive an 7 - 1/2 , and that death accurred a 5 4 0 M, fram causes and an the date stated ab	last
	atine COR Pour Th	22b. SIGNATURE 22b. DATE SIGNED	ove.
	OR ATTENDING be retained by th NRECTOR: After e 3 should be d ed with the State	MD ATTENDING MED. STAFF TO 7-13-67	
	y be oge	22. DIAMETIAN'S	
	RAIL RAIL Pe	MAME (TYPE) JAY S BARNHART Jr. MD. 3 MAULdin Ave North East	
	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)	
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	REMOVAL (Specify) 7-15-1967 (harlestown Cemetery Charlestown Manufand 24. FUNERAL DIRECTOR STORY ADDRESS 250. REC 0 BY REGISTRAR 250 REGISTRARS SIGNATURE	
	VR A15 (4)	1 NUMBER 100 (100 NO	
	20 M 1/66	Lee A. Patterson & Son Perriville Mil DATE JUL 18 1987 Charles Judge	

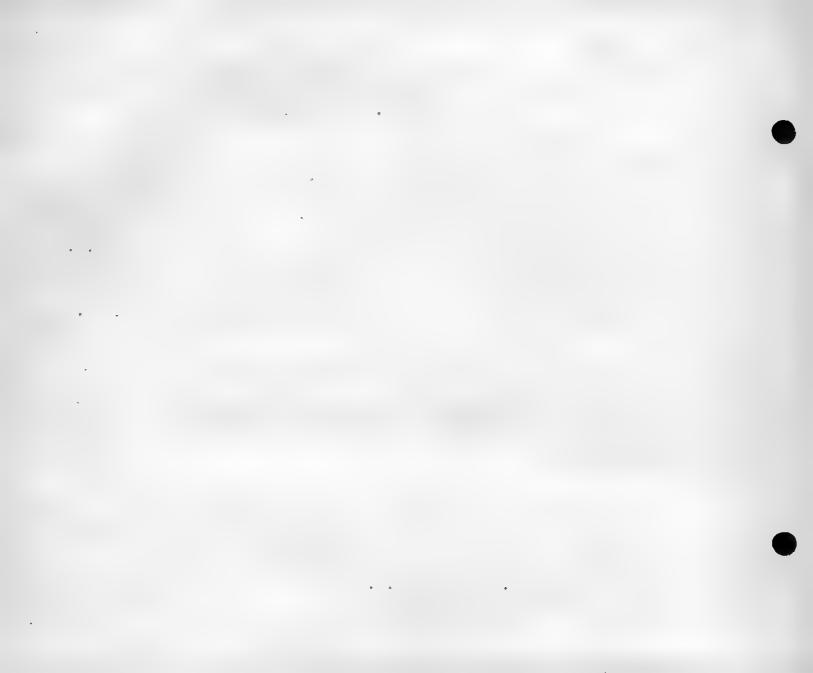
1, F.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY b. COUNTY Page MARYLAND c. CITY OR TOWN (If outside corporate limits, write RUKAL and give nearest town) b City OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 and 2, c. P.M3 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS a ang with farm River 529 Woodlyn NO I in Item 18. Give Pages This certificate shauld be executed within 24 haurs after death 3 NAME OF 4. DATE Year DECEASED 0F the 19 67 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX AGE (In years 6 COLOR OR RACE 7 MARR ED NEVER MARRIED lost_birthdoy) Months Hours W DOWED DIVORCED be farwarded to the Chief Medical Examiner's Office event within 72 hours after dans 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 B RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) FATHER S NAME in pencil burial-transit permit File WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give wor or dates of service)] pending" INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) writing the ward DUE TO Offiy Unk Conditions, if ony, which gove rise to immediate couse (a), _⊆ DUE TO stating the underlying couse O PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS ar remaval, PERFORMED? CERT FICATION NO I 200 EXTERNAL CAUSE WAS PRIMARY LA OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of Item 18.) 3 shauld shauld l CAUSE OF DEATH SE 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) 20c TIME OF INJURY Month, Doy, Year Not While FUNERAL DIRECTOR: Page of work ot work please execute 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Inquiry and in my opinion death resulted fram: Natural causes Accident Suicide . Homicide [Undetermined manner the funeral directar may be retained CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER prior SIGNATURE O DEPUTY necessary, **EXAMINER'S** O FUNER Health Address (Street, city town or county) NAME (Type) 23d LOCATION (City or Town 230 BURIAL CREMATION VR A15ME (5) 6M 1/67





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09446 CERTIFICATE OF DEATH 24 haurs after death. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an: Residence before admission) illed in by the funeral progres. Pages 1 and dent a. COUNTY a. STATE b. COUNTY Cecil Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CLTY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) E1k M1115 yrs. e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS Devine Haven Nursing Home YES NOT The law requires that the death certificate be executed within 3 NAME OF Middle Ferst. Last 4 DATE Month Day Year and campietely DECEASED OF the attending physican and campietely sit permit. Then please remave carbo Minnie G Fitzwater July 1967 (Type or print) DEATH burial, crematian, ar remaval, and in any event, IF UNDER 24 HRS. S SEX R. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED Z NEVER MARRIED (ast birthday) Manths Hours Days Female White WIDOWED DIVORCED Sept. 7.1896 10a JSJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of warking life, eyen if retired)
House wife COUNTRY? INDUSTRY West Virginia
14. MOTHER'S MAIDEN NAME Home 13. FATHER'S NAME Smith Mahala Gill Samuel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) 17 INFORMANT 16. SOCIAL SECURITY NO. Address Virginia Dove Cherry Hill.Md. None 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN Page 4 may be retained by the haspital ar attending physician. **O FUNERAL DIRECTOR:** After this certificate has been signed by the director, page 3 shauld be detached far use as the burial-transit 2-Weeks PART I. DEATH WAS CAUSED BY Septicemia IMMEDIATE CAUSE (o) DUE TO 4- Years Abcess due to Fractured Hip Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior ta Dehydratin and Hematemesis 2-Months PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO TE YES 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, affice blda., etc.) Not While at work 21. I certify that (I) (thischosophol) attended the deceased fram Farch 29, 1957, to July 2, 1967, that (I) (we) lost saw the deceased alive an July 2. 19.67, and that death accurred at 11. AM, from causes and an the date stated above. July 3, 22n. SIGNATURE MED. DIRECTOR PHYS 22d. ADDRESS 226 PHYSICIAN'S East High St., Elkton Cecil Md. Johnson M.D. NAME (Type) James 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF (County) (State) BURIAL, CREMATION Burial (Specify) Cecil Md 7/4/67 Elkton Cemeterv Elkton 2Sb. REGISTRAR S SIGNATURE 2So. REC'D BY REGISTRAR EUNERAL DIRECTOR lisyles 1967 VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00847 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I. PLACE OF DEATH LISUAL RESIDENCE (Where deceased lived, if institution Residence before admission) p. COUNTY o. STATE b. COUNTY Cecil Maryland MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate I mits, c LENGTH OF STAY IN 15 write RLRAL and give nearest town) 63 yrs R. D. 1 Elkton | 63 yr d NAME OF HOSPITAL OR HAST TUTION (If not in hospital give street oddress)

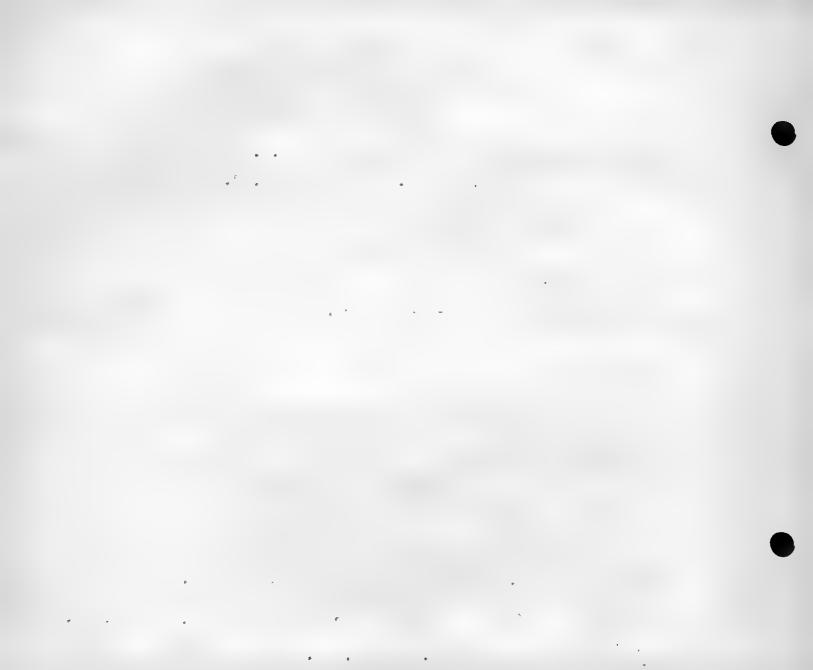
Old Elk Neck Road) R. D. 1. Elkton, Maryland d STREET ADDRESS S RESIDENCE ON A FARM? haurs (Old Elk Neck Road) YES THE NO 3 NAME OF 4 DATE DECEASED Foraker DEATH July 67 George Thomas 19 9 AGE (In years F UNDER 1 YEAR FUNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH lost buthday) Months Hours D VORCED Treb. 16. pages_Land2 v WIDOWED White 100 USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life even frehred) INDUSTRY COUNTRY? Laborer Maryland
14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME be executed within William Foraker Clara Harris 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) remayal. 216-18-8396 John L. Foraker, Elkton, Maryland 18 CAUSE OF DEATH (Enter only one couse per me for (o), (b), and (c) PART 1. DEATH WAS CAUSED BY-INTERVAL BETWEEN ONSET AND DEATH Gunshot wound of head IMMEDIATE CAUSE (o) _ This certificate shaufd crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse bund, PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port Lox Port II) of Item 18.) PRIMARY Or CONTR BUTING Shot self through upper portion of head CAUSE OF DEATH Between A 7/6 20e PLACE OF INJURY (Home, form 20d NJURY OCCURRED 20f (City or town) (County) Not While at work in former street office bldg etc) While of work R D. I. Elkton. Cecil. Md 21. 1 certify that I took charge of the remains described above, held on Autopsy Inspection 🛪 Inquiry X. ond in my opinian death resulted from Natural couses Accident . Suicide 🗶 Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR 7- 6-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) John M. Byers. 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23d LOCATION (City or Town) Burial Specify) Townsend Cemetery July 9.1967 Townsend Delaware 24 - FUNERAL DIRECTOR RECOUNT REGISTRAR SON 256 REGISTRARS SIGNATURE VR A15ME (5) Funerals Elkton. Md 6M 1/66 Rome



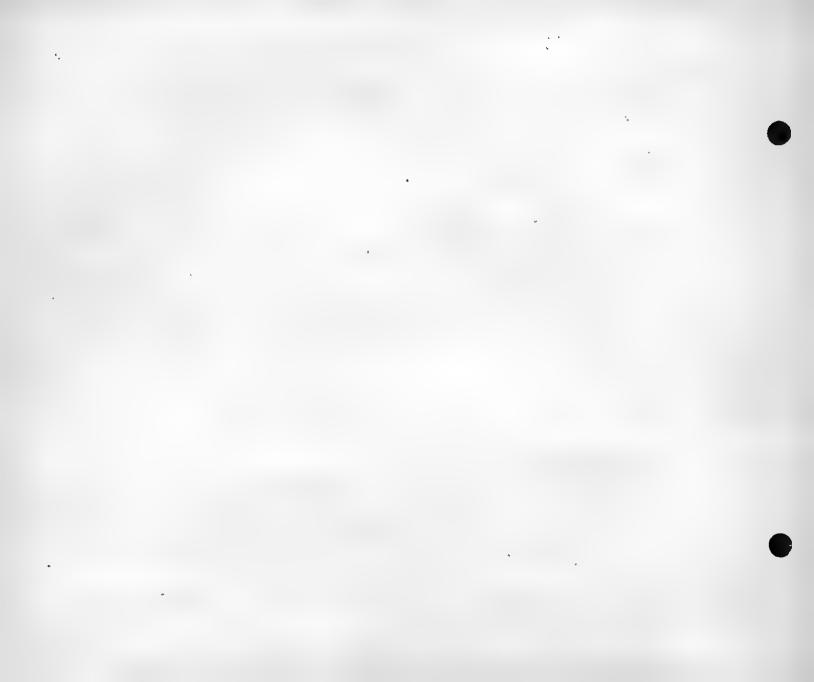
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09448 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence perfore admission) o. COUNTY Maryland Cecil MARYLAND requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 75 days Rural North East, Md. Perryville d. NAME OF HOSP TAL DR INSTITUTION (If not in hospital, a ve street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Perry Point, Md. YES NO X Pa. VA Hospital. NAME OF 5 Lost 4. DATE Month Dov Year DECEASED July 16 67 Fritz Charles 19 (Type or print) DEATH AGE (In years IF JADER 1 YEAR IF UNDER 24 HRS 5 SEX 6 CDIDR OR RACE 8. DATE OF BIRTH 7. MARRIED XX **NEVER MARRIED** remove lost buthday) Months Hours White Male WIDOWED DIVORCED 10-21-14 10a USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT please COUNTRY? signed by the attending physician bursal-transit permit. Then please burial, crematian, ar remaval, and I Cavice Custodian 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Bertha Greer Edwin Fritz 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY ND Address (Yes, no or unknown) (If yes give war or dates of service) 227-05-91-84 VA Hospital records INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) Congestife Heart Fablure ONST AND BAT PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Years AMOTROPHIC LATERAL SCLEROSIS Conditions, if ony, which gove nse to immediate couse (a), DUE TO prior to ! stating the underlying couse has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION YES X NO 10 FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 1B.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) factory, street, office bldg., etc.) at work L at work 1967 to July 16 21_Lertify that (4) (this haspital) attended the deceased fram May 1 . 1967 . MARKANYAWAYAWA 220 SIGNATURE 22b. DATE SIGNED **ATTENDING** MED DIRECTOR 16 67 director, page 3 should be filed v M D PHYS VAH Perry Point, Md. 22c PHYSICIAN S. GOLDGRABEN, M.D. NAME (Type 230 BURIAL, CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) aurel 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



1 -5	MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS, 30	E <mark>PARTMENT OF HEALTH</mark> DI W. PRESTON STREET, BALTIMORE, MARYLA	AND 21201
	09449 CERTIFICATE	E OF DEATH	09449
uneral and 2	PLACE OF DEATH o. COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institut o o. STATE Maryland b. COUNT	nr: Residence before odmission) (Y Cecil
urs after by the f Pages urs afte	b. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) Elkton 16-Years	c CITY OR TOWN (If outside corporate limits, write RURA	AL and give nearest town)
led in Elegers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oudress) Union Hospital Of Cecil County	d STREET ADDRESS R.D. 3 Box 417	e IS RESIDENCE ON A FARM? YES NO
pletely fill	3 NAME OF F.ss* Middle DECEASED (Type or print) OrVille A.	H awkins, SROFATH July	31 19 67
xecuted noveron		1/29/1896 last birthdoy) 71 yrs.	Months Doys Hours Min
physicate be executed within 24 hours after death physican and completely filled in by the funeral nen please remove as papers. Pages I and nonly event, within 72 haurs after death	100. US_AL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country) ORidgewater, N. C. 14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY 3. S. A.
th certificc ling physic . Then plur removal,	John Hawkins	Geneva Morgan	
at the death cer the attending p nsit permit. The matian, or remo	(Yes, no, or unknown) (If yes give wor or dotes of service) 228-09-3739 Mm	INFORMANY Address S. Myrtle Hawkins(Wife	e) Same
law requires that the death certificate be executed within 24 hours after death nding physician. been signed by the attending physician and completely filled in by the funeral s the burial-transit permit. Then please remove arbe appers. Pages 1 and 2 ior ta burial, crematian, or removal, and in any event, within 72 haurs after death	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) PART 1. DEATH WAS CAUSED BY 1MMEDIATE CAUSE (o) Carcinoma of Pro	ostrate	INTERVAL BETWEEN ONSET AND GEATH 6-Months
4: The law requires the ar attending physician. It has been signed by r use as the burial-transalth prior ta burial, cre	Conditions, if any, which gove ise to immediate couse (o). Due to		1- Month
te law re tending as been as the l prior tal	stoting the underlying couse Diabetes	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	6- Years 19. WAS AUTOPSY PERFORMED?
AN: The law ratending at artending itate has been far use as the Health prior ta	ATION	. (Enter noture of injury in Port I or Port II of item 18.)	YES NO
PHYSICIA ne haspita this certific etached for Oept. af H		ACE OF INJURY (Home, form, 20f. (City or town)	(County) (State)
ATTENDING PHYSICIAN: stained by the haspital ar CTOR: After this certificate should be detached far util the State Dept. af Hea	Hour o m. 19 While Not While foo	ctory, street, office bldg., etc.)	. 19 6 7, that (I) (v36) la
ATTEND tained TOR: A shauld th the	saw the deceased alive an 7/31/ 1967, and the	at death accurred at 9:39M, from couses of	ond on the dote stated above 22b. DATE SIGNED 7/31/67
NL OR y be re DIREC		ATTENDING E MED. STAFF DIRECTOR STAF	ton Cecil Md.
Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health prior ta	230. BURIA. CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR	R CREMATORY 23d. LOCATION (City or Town	vn) (County) (State)
2 0 0 WR A15 (4)	24. FUNERAL DIRECTOR ADDRESS		ton Md.
20 M 1/66	Hicks Home for Funerals, Elkton	Md DATIAUG 7 1967 /	10



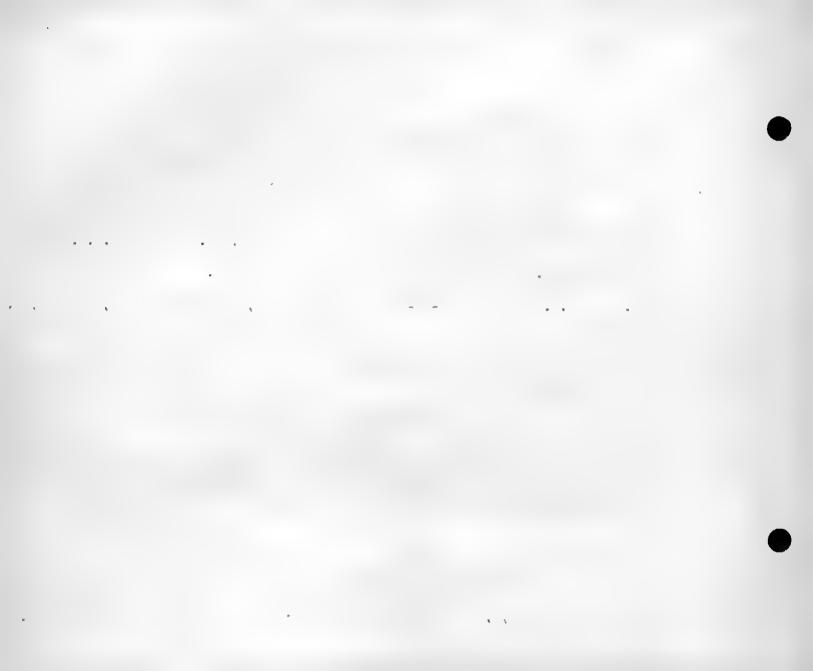
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 09453 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH b. COUNTY o. COUNTY 614 MARYLAND c CITY OR TOWN (If outside agroporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) HESAPEAK IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street 04 7 YES NO V ar remayal, and in any eventywithin NAME OF Middle 4. DATE Month Doy Year remave corban DECEASED William Herring July (Type or print) DEATH AGE (In years IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7. MARRIED NEYER MARRIED (ast birthday) Caucasian DIVORCED attending physician and sermit. Then please rem 12 CITIZEN OF WHAT The USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) during most of warking life, even if retired) COUNTRY? INDUSTRY 5. A Rotti red 14. MOTHER'S MAIDEN NAME School 3. FATHER'S NAME dHN HERRING 17 INFORMANT WAS DECEASED EVER IN ILS. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, go, or unknown) (If yes give war or dates of service ELIZABETH as the burial-transit per prior to burial, crematian, INTERVAL BETWEEN signed by the c burial-transit p 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Heart Disease IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Canditians, if any, which gave (b) rise to immediate couse (a). DUE TO stoting the underlying couse certificate has been (d) 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION directar, page 3 should be detached far use should be filed with the State Dept. of Health NO Massive mvocardial infarction 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED foctory, street, office bldg., etc.) Hour a.m. Not While at wark at wark TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from June 2/1 19 68 that (I) (we) las __ 19 67, to July sow the deceased alive on 19 %7, and that death occurred at 8 ADM, from causes and on the date stated above 22b DATE SIGNED 22a SIGNATURE 25 July DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN S NAME (Type) Wallace Obenshain Cecilton Md 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23o. BURIAL CREMATION (County) (Stote) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** REGISTRAR VR A15 (4) 20 M 1/66 ELKION, MD



a 1		MARYLAND STATE I Division of STATISTICAL RESEARCH AND RECORDS, 3	DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAI	ND 21201
			TE OF DEATH	09451
= -1/5/1	ļ.,	70304	2. USUAL RESIDENCE (Where deceased lived, if institution	Pesidence hefore admission)
funeral land		ACE OF DEATH COUNTY	o STATE . b. COUNT)	
fer fer		(ecil MARYLAND	Maryland	(ecil
aft ages aff	1	CITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 1b cyrite RURAL and give negresy jown)	c CITY OR TOWN (If outside carporate limits, write RURAL	
by Pours		NURAL - FORE PEROSEE	Rural - Port Deposis	L DEFIDENCE
in in ers.		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
The low requires that the death certificate be executed within 24 hours after death ottending physicion. has been signed by the attending physicion and completely filled in by the funeralise os the burial-transit permit. Then please remove carbon papers. Pages I amount the prior to burial, cremotion, or removal, and in any events within 72 hours after destination to burial.		Jacob Tome Memorial H		YES NO
£ >83		AME OF First Middle ECEASED Ph:/:-	Lost 4. DATE Month	Doy Year
d w		ype or print)	HACKSON DEATH JULY	FUNDER 1 YEAR OF UNDER 24 HRS.
de de de	S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	[ast_birthdoy]	Months Doys Hours Min.
oo m	1	ale (au WIDOWED DIVORCED	Jept. 14, 1910 50 yrs.	
ong in o	10a	ISUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR	11 BIRTHPLACE (County & State or foreign country)	12. CITIZEN OF WHAT
re te to	duri	Truck Univer: Fastburn (onst.)	O. Maruland	USA
ficol ysic phe o', o		ATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ph nen novor		John H. Jackson	Margaret M. Sutor	
ing rem	15.		7. INFORMANT Address	
deo de mit	(Ae	no, or unknown) [If yes give wor or dotes of service] 218-18-0223	Kathrum F. Jackson, Port De	msit Ma
he c per ion,	H	IB. CAUSE OF DEATH (Enter only one cause per line fag(o), (b), and (c).)		INTERVAL BETWEEN
of the the most		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	oronous thus 63 : 3	ONSET AND DEATH
유로 호		DUE TO		
res /sici red ial-		Conditions, if any, which gave) (b) Canana,	145058:	1422
phy sign buri		rise to immed ate cause (a), (Due to		
ng he to		stating the underlying couse (c) (c)		
endi endi s be s t rior		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 1	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19 WAS AUTOPSY
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATT OUT ALBERTS	,,,	PERFORMED? YES NO
AN: al oli cor l'or l' Heo	18		ED. (Enter noture of injury in Port I or Port II of Item 1B.)	
OR ATTENDING PHYSICIAN: De retained by the hospital or SIRECTOR: After this certificate a 3 should be detoched for used with the State Dept. of Heolt		OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
S PHYSIC the hospit this certification detection e Dept. of	MEDICAL		PLACE OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)
te Det	띭	Hour o.m. 19 While Not While p.m. 19 of work	foctory, street, office bldg., etc.)	
IDING J by 1 After After d be c		21 Leastifu that (I) (this basnital) attended the deceased from	1 5-5 , 1952, to 2-30	, 19 <u>62</u> , that (I) (we) last
T Page and the page of the pag		saw the deceased alive on 2-22 1962, and t	that death accurred at 5 - M, fram causes a	
T to the state of		220 SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
d w	1	CM Colman,	M.D. PHYS. DIRECTOR L PHYS. L	0/1/67
y b b gge file		22c. PHYSICIAN'S	22d. ADDRESS	
TO HOSPITAL OR ATTEN Poge 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the		NAME (Type) G. H. Richards, In.	Port Deposit, Md.	
OSI UNE purid	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City or Town	n) (County) (State)
Pog Ship		REMBAUSIEU 8-241967 Asbury		
F F ^ / ½	2	FUNERAL DIRECTOR ADDRESS	1	ISTRAR'S SIGNATURE
VR A15 (4) (7) 20 M 1/66		Lee A. Patterson & Son. Perruvil	Les Mds DATE AUG 7 196/	The state of the s

11,1.

1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OCA 5.2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	452
Z-HEALTH DIPT.	1 PLACE OF DEATHS o COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence o STATE	e before admission)
T, 2, and 3 to m PM3. Poge	b CITY OR TOWN (If outside carparate I mits write RURAL and give write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTRUCT ON If not in haspital give street address) d STREET ADDRESS	e IS RESIDENCE ON A FARM?
- 8.5 - e	Bohemiz River & Rte 213 1107 Central Ave	YES NO
hours after death I tem 18. Give Pages Office along with or and 2 with the Store	OF DECEASED (Type or print) S SEX 6 CO.OR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years I FUNDER	Day Year 1967 YEAR IF UNDER 24 HRS Dovs Haurs Min
within 24 hours of peach in Item 18 xominer's Office of poges 1 and 2 whours after death	Col. WIDOWED DIVORCED Agyris	ZEN OF WHAT
thin 2 each ir moneri poges urs af	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME	
should be executed within 24 hours in word "pending" in peach in Item 1 or the Chief Medical Exominer's Office buriol tronsit permit. File pages I and 2 only event within 72 hours after death	Henry Jones, Sr. S WAS DECEASED EVER IN US ARMED FORCES? (Yes, no, or unknown) (If yes a ye war or dates of service) Yes. W. W. II 17. INFORMANT Address Address Amanda Moore, 1107 Central Ave,	Chester, Pa.
d be executer rd "pending" Chief Medical tronsit permit. event within?	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 19 27 4	INTERVAL BETWEEN ONSET AND DEATH
ing the ded 1 ded 1 as a and it	Conditions, if any Which gave rise to immediate cause (a), stating the underlying cause lost (c)	20 min
This certificate, writh be forwar be used removal, or	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN JAM PART 1(a)	9 WAS AUTOPSY PERFORMED? YES NO
	200 EXTERNAL CAUSE WAS PRIMAR YOU OF COURTED (Enter nature of inury in Port I or Port II of tem 18.) 200 TIME OF INJURY Manth Day Year Houndard While Not While Processing Street of capital actions (Courted While Not While Not While Indicated the plage act.)	minum ton
	7200 pm 7.50 rd of work of work last policy at the policy of the policy	(Stote)
TA Se de la	21 certify that I took charge of the remains described above, held an Autopsy [], Inspection [9], Inquiry [4], death resulted from. Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined monner []	and in my opinion
	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22 DATE SIGNED
DEPI cesso e fun may FUNE	NAME (Type) - Jawh Mc (Syeng Man Address (Street, city, town, or county)	(a) Pto
TO DI nece the 5 mc TO FU	Burial August, 4, 1967 Haven Memorial Park. Feltonville, Del	Co; Pa.
VR A15ME (5) 6M 1/67	24 CASSAT DIRECTOR College Mellington Med 20 REG STRAR 250 REG STRAR 2 STO DATE AUG 2 1967 General College Date AUG 2 1967 Gen	



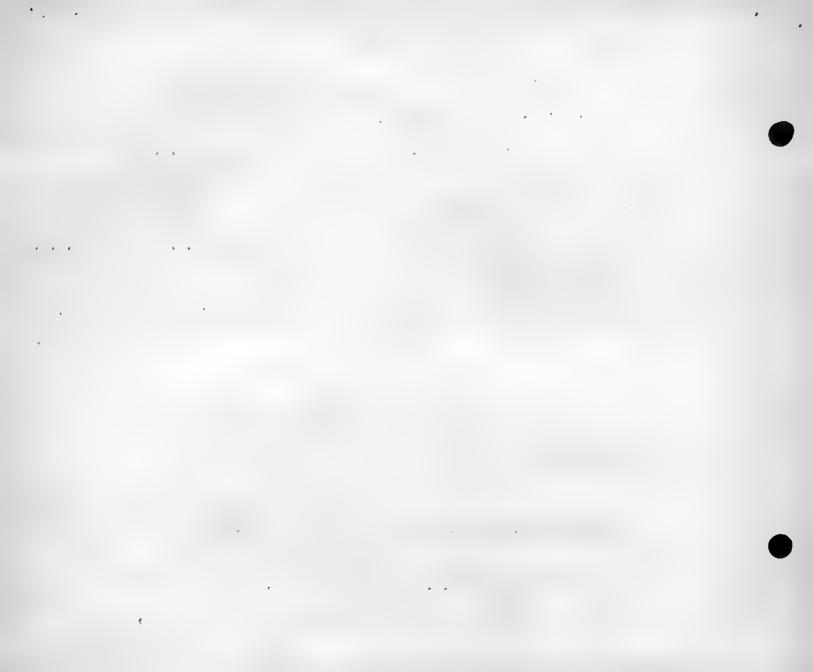
/ 1	ı	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201- 4 > 0
FOR STATE		09453 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1	PLACE OF DEATH O COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceosed lived if institution Residence before admission) a STATE MARYLAND MARYLAND
th. If any delay is ges 1, 2, and 3 to a form PM3 Page lote Deportment of hours after death		b CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town 8 Yrs. C. LENGTH OF STAY N 1b RURAL and give nearest town)
E 64 0 0		d NAME OF HOSPITAL OR INSTITUTION (If not in hosp ta, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? YES \(\sum NO \sum \)
24 hours after death. In Item 18. Give Poges r's Office along with for seal ond 2 with the Stote ny event within 72 hours		NAME OF DECEASED (1996 or print) Hugh Arnell Largelere OF DEATH SEX 6 COLOR OR RACE 7 MARRIED TO 8 DATE OF BIRTH 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.)
I hours aft frem 18. G Office alor ond 2 writh		SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH 9 AGE (In years last birthday) 7 Married 10 KIND OF BUS NESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
24 hc In Ite er's Off ges For ony ev	dui	ring most at working life, even if retired to the state of the state o
J within 24 n pencil n Examiner's F le poges ond in any		Robert C. Larzelere Annie M. Scarborough
be executed within "pending" in pencil itef Medicol Examine insit permit. Fle pogor removol, ond in a	(¥-	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no. of Laknown) (1 yes give wor or dotes of service) 221-16-8992 Mrs. Jusie Larzelere, Eltim, Md.
ote should the word d to the Ch a buriol-tre		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove provided in the immediate couse (a), stating the underlying couse (b) DUE TO (c)
s certifica e, writing forwarde used os buriol, i	Tron	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO BETTER NO BETT
Thi ficate 1 be 1d be ior to	L CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING CAUSE OF DEATH 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of item 18)
S o s to S to	MED CAL	20c TIME OF INJURY Month Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, Hour am 4 to 10 While Not While at work at work 10 to 10 t
AL AL		21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner
DEPUTY MEDICA sessory, please et e funeral director. may be retained FUNERAL DIRECTO		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUT
	23	DAME (Type) O BURIAL CREMATION. 23b DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY / 23d LOCATION (City or Town) (County) (State) /
	1/2	REMOVAL (Specify) 7-5-67 North East Meth. North Fast Cecil Mb. 4 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR'S SIGNATURE
VR A15ME (څپا∕ ک 6M 1/66	13	as it Fine of Hotel V. Frank North Fact, Md Datill E 1967 " and a indee



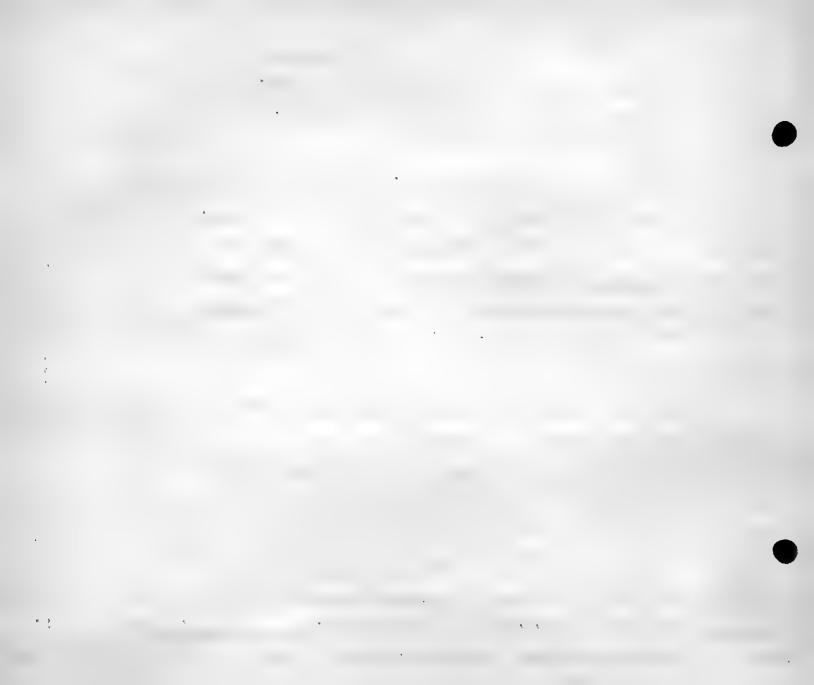
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed aved, if institution. Residence before admission) O. STATE District of Columbia o. COUNTY **b** COUNTY Cecil MARYLAND b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) CLENGTH DE STAY IN 16 c CITY DR TDWN (If outside corporate limits, write RURA), and give negrest town). Perryville 10 Davs Washington, d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) papers. d STREET ADDRESS IS RESIDENCE DN A FARM? 3rd Street. VA Hospital, Perry Point, Md. NO TO YES NAME OF carbon Middle 4 DATE First Last Dov DECEASED (Type or print) PAIII. LAWRENCE DEATH July S SEX 6. COLOR OR RACE 9 'AGE (In years IF LINDER JNDER 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH fust birthdoy) Months Dovs Hours and in any Negro WIDOWED DIVORCED 3-23-29 Male gud 100 USLAL OCCUPATION (Give kind of work done during most of working life, even if refired)

Chaufter 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? INDUSTRY Washington, D.C.
14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal, मनजा. LAWRENCE (Deceased) Josephine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) VA Hospital records, Perry Point. Yes Korean burial, cremation, 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) INTERVAL BETWEEN **burial-transit** PART 1. DEATH WAS CAUSED BY. ONSET AND DEATH Cancer of Liver IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending as been as the prior to b last PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? NO 20g ACCIDENT WAS INDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER NOTIFY MEDICAL EXAMINER) 20c. TIME OF NURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF IN. JRY (Home, form (City or town) (County) (State) Hour o m. Not While foctory, street, office bldg., etc.) ot work of work 2). I certify that () (this hospital) attended the deceased from July 5 O FUNERAL DIRECTOR: xpextbex reconstruction and that death occurred of 00PM, from causes and on the date stated above. 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** director, page 3 shauld be filed v 7-15-67 M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c PHYSICIAN'S O HOSPITAL NAME (Type) Irina Reus, M.D. VAH., Perry Point, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Town) 230 BURIAL CREMATION. (County) (State) Landover, Maryland Harmony 250 REC D BY REGISTRAR _ 24. FUNERAL DIRECTORGO. E ZH EST SARDIS CADDRESS VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH



	1. PLACE OF DEAT	Н			2. USUAL RESIDE	JCE (Where deceased lived,	If institution, Rasidan	ca betare admissio
	020	.1.1		MARYLAND	e, STATE Md.	ъ. со	Cecil	
	b. CITY OR TOWN	(if outside corporata limits, id give neerast town)	e. LENGT	H OF STAY IN 16		(If outside corporate limits, w		nearest town)
	Elkton	e dias useran iomuì			Warwick.			
1	d, NAME OF HOSP	TAL OR INSTITUTION (if	nol in hospital, giva sl	reel eddress)	d. STREET ADDRESS			. IS RESIDENC
#	Union Hosp	oital						ON A FARM
	3. NAME OF DECEASED	First		Middle	Lasi	4. DATE , Mo	onth Dey	Year
1	(Type or print)	ELMER		H. N	ANLOVE	DEATH VOL	4 /	19/7
1	5. SEX	14 0-100 -000-01	. MARRIED T NEVE		DATE OF BIRTH	9. AGE (In yes	TS IF UNDER 1 YEAR	IF UNDER 24 HRS
.)	MAZE	White	WIDOWED	DIVORCED T	N 9-1900	hst birthday	Y) Months Days	Hours Min.
	10a. USUAL OCCUPA	TION (Give kind of work orking life, aven if retired)	The state of the s	INESS OR INDUSTRY	11. BIRTHPLACE (State	1 12/		F WHAT COUNTRY
	MF-CH+11 13. FATHER'S NAME	VIC Ret	GA RA	123	MARLI	ew o	USA	
	13. FATHER'S NAME	1,	- // - //4		14. MOTHER'S MAIDEN	NAME		
	WOHN	MANLOU	2		MARY A	IN OF PRON	1	
	15. WAS DECEASED EN	VER IN U.S. ARMED FORCE If yas give war or deles of serv	57 16. SOCIAL SEC	CURITY NO. 17. IN	FORMANT	Addn	0.05	
	NO			14	25 MARL	Hanlemie	WARLOW	cx Hh
		DEATH [Enter only one sa	use per line for (e), (b), and (c).]		111111111111111111111111111111111111111	INT	ERYAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY, IMMEDIATE CAUSE (a)	DRANA	RY JA	-Reri3051		ON	SET AND DEATH
	42-1	DUE TO ,	,		0110		<>-	3 wz 1 A
ı,	Conditions, if en		HIPERIL	ENSIVE	CV D	/SEASE	() () () () () ()	ししましいけん
	geve rise to immed (a), stating the u	DOLLE SA					70	-11/45
	couse last.							
	PART II, OTHE	R SIGNIFICANT CONDITIO	ONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERM	NAL DISEASE CONDITION O	SIVEN IN PART 1(+) 15	P. WAS AUTOPSY PERFORMED?
A	3						Y	ES NO T
	PART II, OTHE 20s. EXTERNAL C. PRIMARY OF CAUSE OF DEATH.	ONTRIBUTING 🖂 📑	DESCRIBE HOW IN	JURY OCCURRED. (I	nier nature of injury in	Part I or Pert II of itam 18.)	,	
		1/	TILL/	Utzooi		8-11-		
	1 20c. TIME OF INUL	JRY Month, Day, Year	20d. INJURY OCC		OF INJURY (Home, for	n, 20f. (City or town)	(County)	(State)
	O II Hour am	Lat I					11 (4200) 11	100
	Hour a.m.	7/1 19/7	at work at wo	Mar 1 / 2 E	HONIE_	IN A-RUIC	16 -6-72	- // -
		hat I rook charge of t	at work at wo	Mar 1 / 2 E		Inspection . Inqu		in my opinion
		/	at work at wo	ibed above, held	an Autopsy	Inspection N Inqu	uiry . and	in my opinion
	21. I certify to death resulted	. /	at work at wo	ibed above, held	an Autopsy	Inspection . Inqu. Undetermined	uiry . and	in my opinion
	7. I certify t	. /	at work at wo	ibed above, held	an Autopsy, e, Homicide CHIEF MEDICAL	Inspection . Inqu. Undetermined	uiry, and manner	in my opinion
	death resulted	. /	at work at wo	ibed above, held	an Autopsy	Inspection Inqu Undetermined EXAMINER ICAL EXAMINER	uiry, and manner	7/1/67
	death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)	from: Natural caus	the remains describes Accide	ibed above, helding Suicid	e . Homicide CHIEF MEDICAL ASSISTANT MEE DEPUTY MEDICAL Address (Streat,	Inspection Inqui	airy and manner Day (CEC)	7/1/67
	death resulted ACTUAL SIGNATURE EXAMINER'S	From: Natural caus A PU DON, 22b. DATE THEREOF	the remains describes Accided	of CEMETERY OR	an Autopsy	Inspection Inqui	manner Di	7/1/67 ATE MENED
	death resulted ACTUAL SIGNATURE EXAMINETS NAME (Type) 22a. BURIAL, CREMATIC REMOVAL (Specify Burial	From: Natural caus A Pup DN, 22b. DATE THEREOF July, 5, 196	the remains describes Accided	of CEMETERY OR C	an Autopsy	Inspection Inqui	manner Dispute Co; and manner Dispute Co; and manner Dispute Co;	THO ISTORY MICH.
	death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) 22a. BURIAL, CREMATIC REMOVAL (Specify	From: Natural caus A Pup DN, 22b. DATE THEREOF July, 5, 196	the remains describes Accided	of CEMETERY OR C	an Autopsy	Inspection Inqui	manner Di Di Di Di O O O O O O O O O O O O O	THE SEGNED (Stote) Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission e. COUNTY 6. COUNTY Cecil Pennsylvania MARYLAND b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 e. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest lown) Perry Point davs Uniontown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital YES NO V North 3. NAME OF DATE Month DECEASED OF (Type or print) DEATH 5. SEX 7. MARRIED NEVER MARRIED X 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS Male Months Days WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY THPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Retired Uniontown, Penna. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Markovich (D) Veronica Andrews (D) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewarordetesofservice) PL-28 577-20-1398 VA Hospital Records, Perry Point, Md. 18. CRUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: (a) UNKLUEIL 10 PLASTIC BAG TIED AROUND HEAD Conditions, if env. which gave rise to Immediate ceuse DUE TO (e), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 19. WAS AUTOPSY CERTIFICATION burial, PERFORMED? NO DE ъ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. prior MEDICAL Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (State) factory, street, office bldg., alc.) Not While at work el work DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy 0 Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner forwar CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATURE DEPUTY 9 **EXAMINER'S** bluods NAME (Type) // Z 22c. NAME OF CEMETERY 220, BURIAL, CREMATION. 22d. LOCATION (City, towns or county OR CREMATORY <u>g</u> 40 ∓ 24s. REC'D BY REGISTRAR ! 23. FUNERAL DIRECTO 24b. REGISTRAN'S SIGNATURE YR A15ME North East 5M 1/63 Home'

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09457 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) Cecil º Maryland b. COUNTY ECIL MARYLAND b CITY DR TOWN (If outside corporate imits, write RURAL and give nearest town)
Elkton (CITY OR TOWN (flautside carporate limits, write RURAL and give nearest town) CLENGTH DE STAY IN Th and Chesapeake City DOA. d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e, writing the word "pending" in pencil in Item 18. Give Pages 1, forworded to the Chief Medical Examiner's Office along with farm ON A FARM? Bohemia Bridge Road Union Hospital ND This certificate should be executed within 24 hours after death JA 4 DATE NAME OF First Manth Уеаг 1067 DECEASED July JOHN MARTIN (Type or pont) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH AGE (In years NEVER MARRIED lost birthdoy) Months Male White and in any event within 72 hours offer death. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND DE BUSINESS DR 12 CITIZEN OF WHAT PREDGIVA BOAT 13 FATHER'S NAME 16 SOCIAL SECURITY NO. ROSE NEWARK. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) NTERVAL BETWEEN S CAUSED BY Arteriosclerotic Cardiovascular Disease ONSET AND DEATH PART I. DEATH WAS CAUSED BY 1 4 41 DUE TO Conditions, if ony, which gave (b) rise to immediate cause (o). DUE TO storing the underlying couse WAS AUTOPST or removal, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY DCCURRED (Enter noture of injury in Port I or Port II of Item 18.) 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH cremotion, 20e PLACE DF INJURY (Home, farm (City or town) 20d NJURY OCCURRED (County) (State) 20c T.ME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While at work 21 | certify that I taok charge of the remains described abave, held an Autopsy [X] Inspection . Inquiry . and in my opinion FUNERAL DIRECTOR: Natural causes X Accident Su cide Hom cide death resulted fram: Undetermined manner CH EF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED 5 may be retorn FUNERAL DI ASS STANT MED CAL EXAM NER SIGNATURE 7/24/67 TO DEPUTY DEPUTY MEDICAL EXAMINER Werner U. Spitz/ **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) 230 BURIAL CREMATION. REMOVAL (Specify) ROSE LIMA VR A15ME (5) 6M 1/67 FUNERAL HOME

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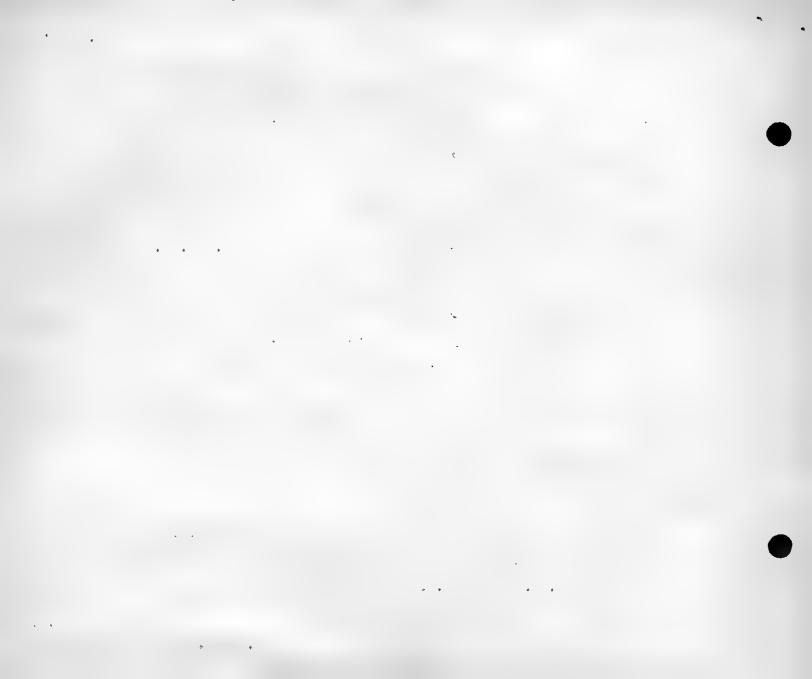
1	MARYLAND STATE DE DIVISION OF VITAL RECORDS, 301 W. PREST		21201
- 8 -	09458 CERTIFICAT	E OF DEATH	63453
offer death	1 PLACE OF DEATH a. COUNTY Cecil MARYLAND b CITY OR TOWN ('Il autside carporote limits, write RURAL and give nearest lawn) Perry Point 4 days	2 USUAL RESIDENCE (Where deceased lived o. STATE Maryland C CITY OR TOWN (If outside corporate limits	b COUNTY
by Pour		Havre de Grace	/
hin 24 ho filled in papers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Veterans Administration Hospital	d STREET ADDRESS 402 N. Stokes	e IS RES DENCE ON A FARM?
hin 2 filled n pop	3. NAME OF First Middle	last 4 DATE	Street YES NO X
secuted with	DECEASED (Type or print) SHERMAN S.	McGAVIN OF DEATH	July 6 1967
somp ove y eve	S SEX 6 COLOR OR RACE 7, MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (lost b 79	pirthdoy) Months Doys Haurs Min.
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th certifica ling physical Then plander properties the plander	13. FATHER'S NAME? 15. WOOD DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	14. MOTHER'S MAILEN NAME DOLL	d r Address
ne death ce attending permit. The	(Yes no, or unknown) (If yes give wor or dates of service)	Hospital Records,	
Taw requires that the death certificate be executed within 24 hours ofter death noting physicion. been signed by the attending physicion and completely filled in by the foneral is the buriol-transit permit. Then please remaye cardon papers. Pages and is the buriol, cremation, or removal, and in any event, within 72 hours attendeath.	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary carci Canditions, if any, which gave rise to immediate couse (a), DUE TO DUE TO	noma	INTERVAL BETWEEN ONSET AND DEATH
The law re ottending has been se as the th prior ta	lost. (c)	THE TENNESS OF SEASON OF THE WAY	TO WAS SHEAVY
4 5 5	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO		YES NO K
S PHYSICIAN: the hospital or this certificote detoched for u	GR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)) (Enter nature of injury in Port I or Port II of H	tern 18)
E h his he h	20c. TIME OF ,N. JRY Manth, Doy, Year 20d INJURY OCCURRED 20e. P. While Nat While of work at wark	LACE OF INJURY (Home, form ctary, street, office bldg., etc.)	or town) (County) (State)
TENDING ined by the R: After i build be di	21 I certify that (特 (this haspital) attended the deceased fram_	July 2 , 1967, to Ju	Ly 6 , 19 67 than process
ATTER etaine CTOR: should iff th	xoovectoec researsed; and entercorous xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	at death accurred at 1:45M, fram	causes and on the date stated above
AI OR ATTEND y be retained I DIRECTOR: A age 3 should filed with the	10 Vo Janua M. 1).		TAFF 17-6-67
SPITAL 4 moy VERAL or, poo	22c PHYSICIAN'S NAME (Type) J. R. GARCIA, M.D.	VAH, Perry Poin	t, Md.
TO HOSPITAL OR ATTER Poge 4 moy be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with th	230 BURIAL TREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY O	410 26	ude The MA
VR A1II (4) II5M 1/67	Pennington Son Funeral Home, Perry	yland 250 RECD BY REGISTRANGE OF THE POLICE	25b REGISTRAR'S SIGNATURE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09459 CERTIFICATE OF DEATH 39459 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) completely filled in by the funeral dve condany papers. Pages 1 and o STATEWest Virginia o. COUNTY b. COUNTY Cecil Hampshire MARYLAND t, LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If autside corporate limits, Perry Point 93 days Ronney d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) VA Hospital, Perry Point, Maryland Route 1 YES TE NO 3. NAME OF Lost First 4. DATE Month Year DECEASED OF DEATH Elroy Miller July 21. 1967 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In veors S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED birthday) Months Days Haurs 3/1/18 White remd in any Male WIDOWED DIVORCED the attending physician and ist permit. Then please rem 10a LSUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)
Farmer 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT United JNDUSTRY Farming States Hampshire Co., W.Va. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, Edna Hannas Wesley Miller 17 INFORMANT 15 WAS DECEASED EVER IN L.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Yes, na, or unknown) (If yes give war or dates af service) 235300224 VA Records, Perry Point, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) SNIEL AND DEATH PART 1. DEATH WAS CAUSED BY Probable Ventricular Fibrillation IMMEDIATE CAUSE (a) physician. DUE TO Arteriosclerotic Heart Disease Unknown Canditions, if any, which gove rise to immediate cause (a), DUE TO as the stating the underlying couse Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) director, page 3 should be detached for use should be filed with the State Dept. of Health YES A NO 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c, TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While of work at work 21. I certify that (1) (this haspital) attended the deceased from April 19, 1967, to July 21, 1967, that (1) (we) last saw the deceased alive an July 21. 1967, and that death accurred at 9.20 My from causes and on the date stated above. 22o. SIGNATURE 22b DATE SIGNED 7/21/67 DIRECTOR Monno M D PHYS. 22d ADDRESS 22c. PHYSICIAN'S A. L. MOONEY, M.D(NAME (Type) Hospital. Perry Point. Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a BURIAL, CREMATION, REMOVAL (Specify) Romney, Hampshire Co.W. Va. Ebenezer Cemetery 7-24-67 250, REC'D BY REGISTRAR 25b 24 FUNERAL DIRECTOR VR A15 (4) BYRON KIGHT, Cumberland, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
	C9460 CERTIFICATE OF DEATH	
ta See a	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence	before admission)
hours after death d in by the timeral rs. Pages and 2 hours, at the perth	a. COUNTY "Cecil MARYLAND a. STATE Maryland b. COUNTY Cecil	
# 68.4	b. CITY OR TOWN (if outside corporate limits, write RURAL and give write RURAL and give nearest town)	nearest town)
ours	Elkton 4 days Rural, Rising Sun	
t ho led i ers. 72 h	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 0.	IS RESIDENCE ON A FARM?
2		ES NO 🗌
The law requires that the death certificate be executed within or attending physician. Sate has been signed by the attending physician and completely ruse as the burlal-transit permit. Then please remove carbon leafth prior to burlal, cremation, or removal, and in any event, with	3. NAME OF First Middle Last 4. DATE Month Day DECEASED OF	Year
wi npie cart	(Type or print) Ernest Miller DEATH Third 13	1967
rted con ve eve	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR Market	Hours Min.
executed and con remove n any eve	WILL WILL WILDOWED DIVORCED March 26, 1905 62 yrs.	TIOUTS MITTE
e e	10a. USUAL OCCUPATION (Give kind of work done ounby) 12. CITIZEN O during most of working life, even if retired) 10b. Kind of Business or USUAL OCCUPATION (Give kind of work done ounby) 12. CITIZEN (Give kind of work done ou	
e be sician lease and ii	To see a	
cate be ophysician in please in val, and in	14. MOTHER'S NAME	
certifica Iding pt Then remova	Frederick C. Miller Unknown	
ath cert attendin rmit. Th n, or rem	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address R.D. 1	
e death c the atten it permit. nation, or i	No O79-16-6995 Sylvia Miller Rising Sun, I	Md.
ation de	1.18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c) ?	VAL BETWEEN
uires that the deaf g physician. en signed by the at s burial-transit perr o burial, cremation,	PART I, DEATH WAS CAUSED BY: (2) on gestives heart failure	T AND DEATH
that iciai iciai led l-tra I, ci	7 DUE TO	
es t hys sign uria uria	Conditions, if any, which by ASCVD	
requir ding p been the b	gave rise to immediate (
aw rectendir the state of the s	cause (a), stating the DUE TO underlying cause last. (c)	
CCAN: The law requires that to ospital or attending physician. Certificate has been signed bled for use as the burial-trant. Cofficially prior to burial, cre		WAS AUTOPSY PERFORMED?
N: The lattal or attricate he for use for use	YES YES	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) (If EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSICIAN: the hospital this certific detached for	OR CONTRIBUTING CAUSE OF DEATH G (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ING PHYSIC by the hos lifter this co be detache State Dept.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	(State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. a.m. while at work at work.	
OR ATTENDING F De retained by t IRECTOR. After ge 3 should be ded with the State		at (I) (we) last
Zine JR: couf	saw the deceased alive on $7-13$ 1947, and that death occurred at 2. 4M, from the causes and on the date	
ATT rett	22b. SIGNATUREO 2	NED
Se S	M.D. PHYS. DIRECTOR PHYS.	
PITAL 4 may ERAL or, pa	22c. PHYSICIAN'S NAME (Type) NOTE: The state of the stat	
SPINAL 4 r	NAME (Type) North East, Md.	
TO HOSPITAL OR ATTENDING Page 4 may be retained in TO FUNERAL DIRECTOR. Af director, page 3 should be filed with the S	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) North Foot Conil	(State)
E E E	Rundal 7/15/67 [North East Methodist North East Cecil	Md.
[83]	24 FINERAL DIRECTOR 25b. REGISTRAR'S SIGN	TURE
VR A15 (4)	Grant Funeral Home North East, Md. DATE JUL 17 1967 flores	10
15M 4-64		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09461 CERTIFICATE OF DEATH 09461 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institut on Residence before admission a. COUNTY o. STATE COUNTY MARYLAND c CITY OR TOWN (If autside carparote limits, write RURAL and give nearest tawn) b CITY OR TOWN (If autside carparate limits, LENGTH OF STAY IN 36 give negres town) u. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO D 3. NAME OF DATE Month Day Year DECEASED OF DEATH DATE OF RIRTH (In years birthdoy) IF UNDER YFAR IF UNDER 24 HR NEVER MARRIED AGE Months Days HOURS WIDOWED DIVORCED 106 KIND OF BUSINESS OR 12 CIT ZEN OF WHAT DIDLSTRY remaval, IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMAN (Yes, go or unknown) (If yes give war at dates of service) 6 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) NTERVAL BETWEEN Coronery occlusion ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) auricular DUE TO Fibrillation Canditions, if ony, which gove nse ta immediate couse (a), DUE TO stating the underlying couse as the PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? detached far use te Dept, af Health NO X certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, farm (City or town) (County) (State) Hour om Not While factory, street, office bldg. etc.). of work at work 21. I certify that (1) (this haspital) attended the deceased fram 22 flag 1967 to 22 July Page 4 may be retained saw the deceased alive an 17 July 1967, and that death accurred at 2:35 P.M. fram causes and an the date stated above. **DIRECTOR:** 220 SIGNATURE 22b. DATE SIGNED M.D DIRECTOR r, page be filed 22d ADDRESS 22c PHYSICIAN'S FUNERAL H HUEBNER NAME (Type) NORTH EAST. director, shauld br 23o. BURIAL, CREMATION. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) JEMOVAL (Specify) VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09462 09462 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased eved, if institution. Residence before admission) p. COUNTY o. STATE b. COUNTY Cecil Md. Cecil ban papers. Pages 1 within 72 haurs after requires that the death certificate be executed within 24 haurs after MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give peorest town) Rural d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled i Union Hospital NO Ex YES and completely fill premaye carban printal NAME OF Middle 4. DATE Month Lost Doy Year DECEASED (Type or print) Hattie Newsome 6 67 July DEATH 19 6. COLOR OR RACE AGE IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH n yeors last birthdoy) Months Dovs Hours White Female WIDOWED DIVORCED 1Do US JAL OCCUPATION (Give kind of work done Ref 11 BIRTHPLACE (County & State, or foreign country) 106 KIND OF BUSINESS OR 12. CITIZEN OF WHAT attending physician (sermit. Then please COUNTRY? Grove Mfg. Virginia 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, ar remaval, H arlin Tackett Mary Beverly WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no or unknown) (If yes give wor or dotes of service) Rising Sun. Md. 401-28-0368 Arthur Newsome signed by the o 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH CRESRAL THRUMSOSIS IMMEDIATE CAUSE (o' DUE TO Conditions, if any, which gove CRESONL WASCULAR ANTONIOSCLAROSIS nse to immediate couse (o), DUE TO stating the underlying couse director, page 3 shauld be detached for use as the shawd be filed with the State Dept. of Health prior to has been last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (o) NO DE Tenslow YES certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20o ACC DENT WAS UNDERLYING ! OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MED CAL EXAMINER) MEDICAL 2Dr TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour n.m foctory, street, office bldg., etc.) Not While O FUNERAL DIRECTOR: After of work 2]. I certify that (I) (this haspital) attended the deceased fram 5 0049 1967, to 35047 196-7, that (1) (100) last Page 4 may be retained 19 67, and that death accurred at 7.45PM, fram causes and an the date stated above saw the deceased alive an a July 22b DATE SIGNED ATTENDING PHYS M.D. PHYSICIAN S NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 7/10/67 Rising Sun Cecil New Bridge Baptist Cem. 250. REC D BY REGISTRAP 25b REGISTRAR S SIGNATURE VR A15 (4) 25M 1/67 Sun, Rising

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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 39464 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth filled in by the funeral popers. Pages onto 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. STATE Maryland p. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 Elkton d STREET ADDRESS e. IS RESIDENC ON A FARM TAL OR INSTITUTION (If not in haspital, give street address) Box 242 YES NO 🔽 3 NAME OF Middle DATE Year OF DEATH DECEASED (Type or print) Η. S SEX 6 COLOR OR RACI DATE OF 9. AGE (In years **NEVER MARRIED** Hours White WIDOWED DIVORCED burial, cremation, or removal, and in any Female 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY signed by the ottending physician burial-tronsit permit. Then please North Carolina
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Bessie Church Moses Main WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no or unknown) (If yes give war or dotes of service Robert T. Potter, Elkton. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACC DENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Haur o.m. Nat While TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram. 19 and that death accurred at 135 M, fram causes and on the date stated above saw the deceased alive on, 22b. DATE SIGNED 22a. SIGNATURE STAFF DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23a. BURIA., CREMATION DATE THEREOF Gilpin Manor Memorial Park, Elkton, 8/4/67 2So. REC'D BY REGISTRAR ADDRESS VR A15 (4) 21 20 M 1/66 Funerals, Elkton, Md.

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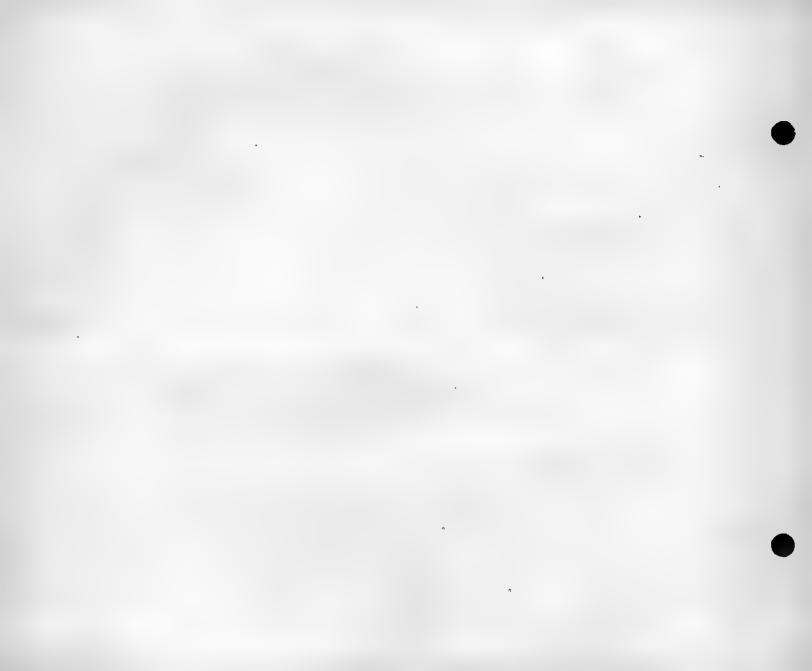
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09460 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before admission) a COLINTY o. STATE **b.** COUNTY Cecil Cecil: MARYLAND b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) r. JENGTH OF STAY IN 15 Elkton 2 days Rising Sun Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) e IS RÉS DENCE ON A FARM? Union Hospital YES NO DO 3 NAME OF First Middle 4 DATE Month Dov Year DECEASED (Type or print) Rockefeller 26 Lina 19 67 Marie DEATH JULY signed by the ottending physician and campl buriol-transit permit. Then please remove a burial, cremation, or removal, and in any ever 6 COLOR OR RACE IF UNDER I YEAR 7 MARRIED **NEVER MARRIED** 8. DATE OF BIRTH AGE (In years HE UNDER 24 HRS Jost birthdoy) Months Hours 10-25-1895 WIDOWED Female White DIVORCED 100 USUAL OCCL PAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired)
Housewife n Home U S A CIMI Hanover Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Shriever 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (Yes no or unknown) (If yes give wor or dates of service Ray Rockefeller Rising Sun, Md. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH Acut bilation IMMEDIATE CAUSE (o) Conditions, if only, which gove rise to immediate cause (a). **DUE TO** stating the underlying cause as the this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING IT 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18) OR CONTRIBUTING COCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or fown) (County) (Stote) Hour am. foctory, street, office bldg, etc.) of work TO FUNERAL DIRECTOR: After 21. I certify that (1) This haspital) attended the deceased fram 21, 19 -7, to 1-1, to 19 -7, that (1) (we) last 4 moy be retained 2.5 A C7, and that death accurred at 2'30 AM, fram causes and an the date stated above A saw the deceased alive an SIGNATURE 22b DATE SIGNED STAFF PHYS M 7-27-67 M.D DIRECTOR PHYS director, page s 22d ADDRESS PHYSICIAN'S NAME (Type) 00 230 BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Calvert Md. Friends Cem. Cecil Burial -29-1967 FUNERAL DIRECTOR 25o, REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. and 2 and completely filled in by the funeral remave cython papers Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission I. PLACE OF DEATH o. COUNTY o. STATE **b.** COUNTY ECIL MARYEAND hours after b (ITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) CLENGTH OF STAY IN 1b write RuRAL and give nearest town) BROOKLYN B IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO K NAME OF Middle 4. DATE Month Year DECEASED Elias Rubinson July 67 Type or print) 19 DEATH IF UNDER 24 HRS AGE (In years IF JNDER 1 YEAR SEX DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** buriol, cremation, or removal, and in any ev lost, birthdoy) Months Dovs 7-10-11 WIDOWED DIVORCED 10a LSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY BROOKLIN MRC. PRAJAING
13. FATHER'S NAME SALES 14 MOTHER'S MAIDEN NAME ottending phys RUBINI RUBINSOM ENNIE ZELDA WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO signed by the ottendir buriol-transit permit. (Yes, no, or unknown) ((If yes give wor or dates of service) C. RUBINSON BROOKLYN, HELEM W#Z 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) 2011 AND BEATH PART I, DEATH WAS CAUSED BY. Acute Myocardial Infarction IMMEDIATE CAUSE (o) DHE TO - Days Coronary Disease (b) Acute Conditions, if any, which gove rise to immediate couse (a), Chronic Myocarditis, Pulmonary Edema 10-Hours stofing the underlying couse Poge 4 may be retained by the hospital ar ottending **IO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to lead the should be filed with the State Dept. of Health prior to lead the state Dept. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? CERTIFICATION NO X 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.1 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bldg , etc.) ot work 21. I certify that (I) (this has real attended the deceased from JULY saw the deceased alive an JULY 17: 19 07, and that death and that death accurred at from causes and on the date stated above. 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. July 17, 1967 M.D. 22d. ADDRESS 22 PHYS CIAN'S Street, Elkton Cecil, Md NAME (Type) E. High Johnson M.D. James 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23o. BURIAL CREMATION REMOVAL (Specify) ELMONT 250. RECID BY REGISTRAR 2Sb REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 254 I MAINST 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Cecil Md. Cecil MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) etely filled in by bon papers. Page within 72 hours à Earleville Rural Earleville Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOT be executed within completely we carbon p 3. NAME OF First DATE Month Middle Last Dav Year DECEASED OF DEATH 16, 1967 L. SAKERS. July. (Type or print) ROBERT 9. AGE (In years | IFUNDER 1 YEAR | FUNDER 24 HRS. | Months | Days | Hours | Min 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED a dia and April, 28, 1911 Male White WIDOWED [DIVORCED [Then please removal, and in 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11, BIRT HPLACE (County & State, or foreign country) INDUSTRY COUNTRY? Chester, Pa. Painter U.S.A. General death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending principles of them of the o Florence Williams. William Sakers 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 5 in signed by the atter burial-transit permit, burial, cremation, or Mrs. Josephine E. Sakers. Earleville, Md. 101-10-7218 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] Massive Myecardial Infarction PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). retained by the hospital or attending physician. r JUI DUE TO 2 years ASHD Cenditions, if any, which has been s e as the bu n prior to bu gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate has the for use a transfer of Health p PERFORMED? YES [NO-F 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1) of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 20f. (City or town) (County) Hour a.m. After id be d Not While at work p.m. at work DIRECTOR: A age 3 should lied with the \$ 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 16 19 6 - and that death occurred at_ _M. from the causes and on the date stated above. DATE SIGNED 22a. SIGNATURE 22b. 88 ATTENDING STAFF DIRECTOR M.D. 4 may 22c. 22d. ADDRESS director, p NAME (Type) Wallace Obenshain, M.D. Cecilton, Md. 21913 23d. LOCATION (City, town or county) BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOYAL (Specify) Pa. July, 19, 1967 Lawncroft Cemetery. Linwood, Burial. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Millington, Md. 21651 1967 Edward Fellows & Son, VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours after death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY a. STATE **b** (OUNTY MARYLAND carbon popers. Poges ent_within,72 hours off C LENGTH DE STAY IN 16 c. CITY DR TDWN (If outside carporate limits, write RURAL and give nearest town) TOWN (If outside corporate limits, write RURAL and give negrest tawn) MONTHS TON completely filled in HOSPITAL DR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM NO T NAME OF Middle Dov Year OF DEATH 190 DECEASED ALON/S IF UNDER 1 YEAR IF UNDER 24 HRS. 9 AGE (In years S. SEX 7 MARRIED **NEVER MARRIED** remove Jast_birthday) Hours ond in ony DIVORCED WIDOWFD puo 12. CITIZEN OF WHA 10g USUAL OCCUPATION (Give kind of work done (County & State, or foreign country) during most of working life, even if retired) physician (00 A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremotion, or removol, INFORMAN 16. SOCIAL SECURITY NO permit. (If yes give war at dates of service INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (b), and (c).) ONSET AND DEATH -transit PART I. DEATH WAS CAUSED 8Y: signed by t burial-trans IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physicion. DUE TO Conditions, if ony, which gave rise to immediate couse (a). DUE TO stating the underlying cause has been 3 should be detached for use os the with the State Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO this certificate 20g ACC DENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. Not While factory, street, office bldg, etc.) of work **DIRECTOR: After** 21. I certify that (I) (this haspital) attended the deceased from 19 6 7, and that death accurred at 2.16 A.M., fram couses and on the date stated above saw the deceased alive an. 225. DATE SIGNED 22o. SIGNATURE director, popularid be filed w DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) ((county) BURIAL CREMATION DATE THEREOF REMOVAL (Specify) MD MMACULATE CONCEPTON CECIL VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09470 FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH p. COUNTY o. STATE b. COUNTY Jhy delay is 2, and 3 ta Page MARYLAND b CITY OR TOWN (If acts de carporate limits, Maryland Cecil
c CITY OR TOWN (If outside corporate mits, write RURA, and give nearest town) C. LENGTH OF STAY IN 16 write RURAL and give negrest town) Departm d. STREET ADDRESS Northeast Rural d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) S RESIDENCE the cartificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 4 should be farwarded to the Chief Medical Examiner's Office along with form ON A FARM? W NO [YES Arundel Pier Flkton_Road_#5_box This certificate should be executed within 24 hours after death 3. NAME OF 4. DATE DECEASED DEATH (Type ar print) SMITH HENRY 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIEO NEVER MARR B DATE OF BIRTH last birthday) Manths Hours WICOWEO OIVORCEO event within 72 naurs after death Male White 3/10/138 10a USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUMUShroom COUNTRY? File pages ILS.A Farming Virginia
14 MOTHER'S MAIDEN NAME 13 FATHER TNAME Lilian Slagle Harold Smith WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC AL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service) 408-58-3147 Harold W. Smith Elkton Rd. #5 -Army INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter on y one cause per line for (a) (b), and (c)) PART I OEATH WAS CAUSED BY ONSET AND DEATH **burial-transit** Drowning IMMEDIATE CAUSE (a) OUF TO In ony Canditians, if any, which gave rise to immediate couse (a). **OUE TO** D. stating the underlying cause and 19 WAS AUTOPSY PERFORMEO? be used PART II, OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) remayal, YES 😿 20g EXTERNAL CAUSE WAS 20b OESCR BE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II of tem 18) 3 should PRIMARY X or CONTRIBUTING crematian, ar CAUSE OF DEATH Swimming in 15 ft. water when he suddenly disappeared MEDICAL 20d NJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or faw 20c TIME OF INJURY Manth, Oay, Year factory, street, office bldg , etc) While Nat While may be retained far your FUNERAL DIRECTOR: Page 19 67 at wark at wark 5.55 pm 7 16 Northeast River Near northeast Cocil Co Inspection . 21. I certify that I took charge of the remains described above, neld an Autapsy Inquiry . and in my opinion death resulted from: Natura causes Accident 30 Suicide Hamicide Undetermined manner funeral director CH.EF MED CAL EXAM NER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** July 17, 1967 Address (Street, city, town, or county) NAME (Type) Russell S. Fisher, M.D. the the 23b OATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) 23g BURIAL CREMATION. Abington. Virginia Bethel Cemetery 2SO REC'D BY REGISTRAR VR A15ME (5) Elkton, Md. 6M 1/67 unerals

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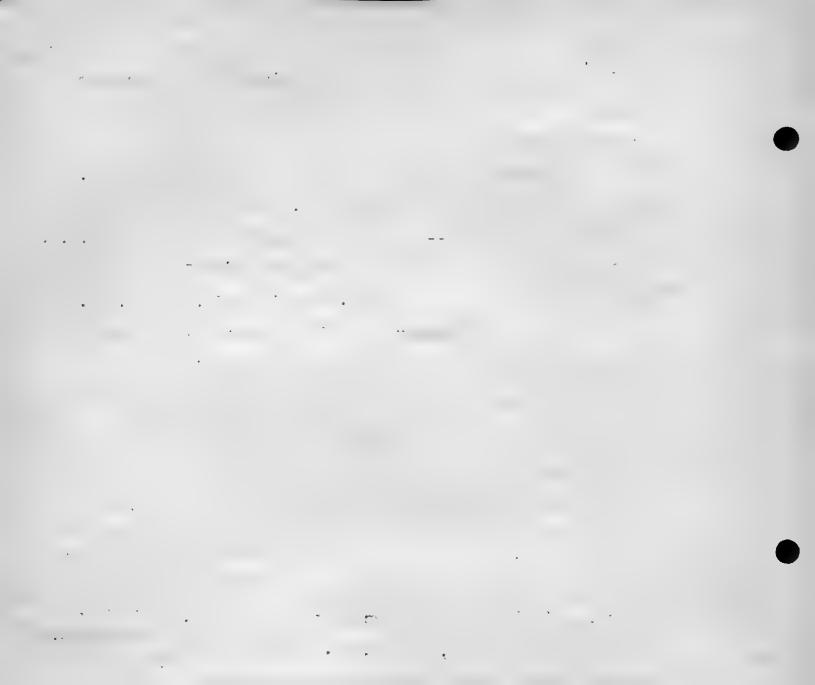
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) e. COUNTY b. COUNTY Cecil MARYLAND rginia Buchanan b. CITY OR TOWN (1 outside corporata limits, c CITY OR TOWN (If outside corporeta limits, write RURAL and give necrest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town] __ Elkton Stacy filled in Pages urs afte d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Union Hospital YES NO TY ø NAME OF DECEASED Middle 4. DATE Month Losi Dev OF Ja Ja (Type or print) DEATH Tottie Jane Smith 19 19 67 July 0 carbon withir 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE IIn years IF UNDER I YEAR IF UNDER 24 HRS and last birthdey) Months ■vent, Female WIDOWED X DIVORCED | May physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Housewife Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death ç affending and Nargua Endicott William Rowe 直 Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address moval, (Yes, no, or unknown) | (If yes give wer or detes of service) Mrs. Delphia Davis. Elkton. Md. No signed by the Dermit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH Between Acute contestine HEART FAILER PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (et the burial-transit **DUE TO** VICLMONARY EMBOLUS the hospital or attending Conditions, if any, which certificate has been (b) geve rise to immediate cause DUE TO (a), steting the underlying burial, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY CERTIFICATION 2 G PERFORMED? use -NO prior 200 ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached After MEDICAL be retained by 20c. TIME OF INJURY 20d INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (Stete) Month, Day, Year While factory, straet, office bldg., etc.) Not While Hour a.m. ŏ at work et work 19 D. m. DIRECTOR and that death occurred at 8,20 M 21. I certify that (1) (this hospital) attended the deceased from.[-1, 19@] that (I) (we) last M, from the causes and on the date stated above saw the deceased alive on 22a. SIGNATURE. DATE 22Ь. ATTENDING SIGNED STAFF 19 DIRECTOR death. Page 4 PHYS. PHYS. MD. HOSPITAL page with 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) TO FUNE director, p 23a, BURIAL, CREMATION, 23b DATE THEREOF OF CEMETERY OR CREMATORY 23d. LOCATION (City, flown or county) (State REMOVAL (Specify) Virginia Stacy. Smith Cemetery Burial BRESS 250. REC'D BY REGISTRAR 1256. REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE Elkton. VR A15 (4) Funerals OT 20M 5-63

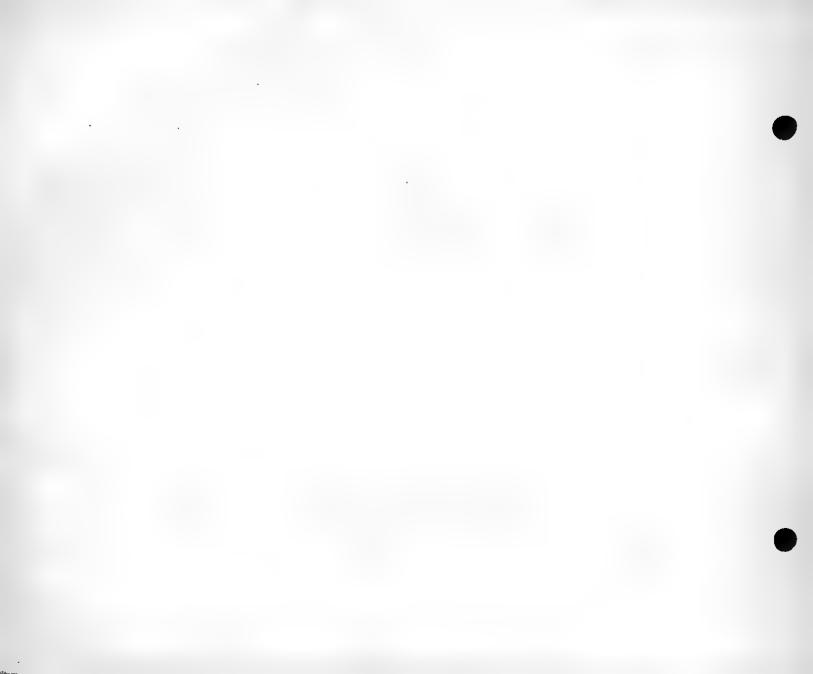


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death, hours after death. THE OF THE 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. CDUNTY Cecil Md. Cecil MARYLAND CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b Warwick Warwick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? 24 within YES ND DC within completely in 3 NAME OF First Middle Last 4. DATE Month Dav Year DECEASED event, ALTCE STIDHAM July 19 67 (Type or print) SARAH DEATH executed SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR remaye 7. MARRIED NEVER MARRIED last birthday) | Months in any alld Female White WIDOWED T October, 21, 1880 DIVDRCED [87 10a. USUAL DCCUPATION (Cive kind of workdone) during most of working life, even if retired) ■Nysician and in pleas 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? þe INDUSTRY Own Home Md. U.S.A. Housework law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending my srmit. Then p m. or removal, James Thornley Mary Wagner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT beem signemed by the attemented the burial-transit mermit. Or to burial, cremation, or respectively. Address (Yes, no, or unkown) | (If yes give war or dates of service) Warwick, Md. 21912 Harold Stidham. 219-56-6200 No. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN **DNSET AND DEATH** PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio vascular renal disease O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that ti Page 4 may be retained by the hospital or attending physician. mo. DUE TO chronic myocarditis mo. Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health p PERFORMED? certifillate YES ND 203. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) INTECTOR: After this certing 3 should be detached illed with the State Dept. of MEDICAL 20d. INJURY OCCURRED 2Dc. TIME OF INJURY Month, Day, Year 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, streat, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 19 21. I certify that (I) (this physical) attended the deceased from and that death occurred a . LaM, from the causes and on the date stated above. saw the deceased alive on 22a. SICNATURE 22b. DATE SIGNED page MED. DIRECTOR M.D. TO FUNERAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Middletown, Del. 19709 Cruchley. Allan R. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMDVAL (Specify) Del. July, 6, 1967 Townsend Cemeterv. Townsend. 25a. REC'D BY RECISTORY 25b. 25b. 24. FUNERAL DIRECTOR Edward Fellows and Son. Millington, Md. 21651 VR A15 (4) 20M 1/65

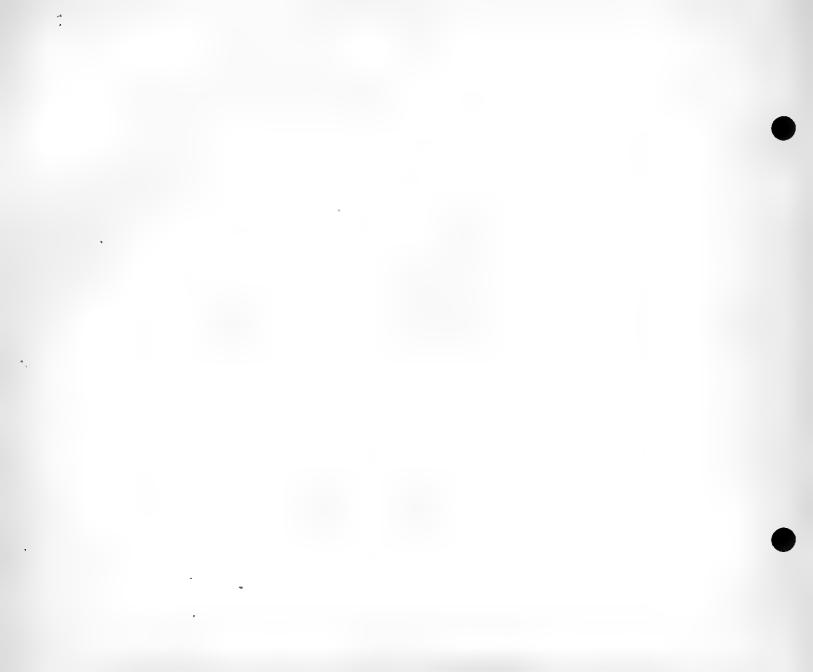
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICA 09473 FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) p. COUNTY b COUNTY Page (f outside corporate limits, write RURAL and give nearest town) MARYLAND delay partment b CITY OR TOWN (If outside corporate limits, E LENGTH OF STAY IN D PM3. write RURAL and give peorest town). hrs. after owningtown wral d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? hours Washington Ave Motel Room ate NO P 3 NAME OF Month Year DECEASED = (Type or print) Office along DEATH MIN SEX 6 COLOR OR RACE 7 MARRIED 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost bythdoy) Months Hours WIDOWED DIVORCED and 2 ent. 100 JSUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 12 CITIZEN OF WHAT B RTHELACE (State or foreign country) during most of working life even if retired) COUNTRY 3 any Examiner's pages in any 13 FATHER'S NAME MOTHER'S MAIDEN NAME gud remayal. 18 CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and PART I. DEATH WAS CAUSED BY: Ö IMMEDIATE CAUSE (o) This certificate shauld cremation, DUF TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse O burial, nseq PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) WAS AUTOPSY PERFORMED? please execute the certificate. NO priar ta 200 EXTERNAL CAUSE WAS PR MARY OF CONTRIBUTING HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) Safety razor cuts of both arms CAUSE OF DEATH MEDICAL 20c T ME OF INJURY Month Day, Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, form, (Cty or fown) Motel on (12 fo Not White may be retained far yaur FUNERAL DIRECTOR: Page Ceci at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 1 Inquiry . and in my apinion death resulted fram Suicide Homicide Undetermined monner the funeral director. Natural causes Accident CHIEF MEDICAL EXAMINER **ACTUAL** TO FUNERAL DI 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE ě DEPUTY MED CAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) BURIAL CREMATION REMOVAL (Specify) VR A15ME (5) 6M 1/66



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	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Thems #8&9 Film #G391.7/26/67 ph
FOR STATE	09474 Tems #009 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00474
HEALTH DEPI	1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)
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y de ay is and 3 to PM3. Page attrement	b CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carparate limits, write RURA; and give nearest tawn)
and and may be comed an	CHESAPEAKE CITY 45 VRS CHESAPEAKE CITY
	d. NAME OF HOSPITAL OR INSTITUTION (If not in biospital, give street address) d. STREET ADDRESS e 15 RESIDENCE ON A FARM?
ages 1, 2, ar h farm PM. tate Departr	YES NO [
d within 24 haurs after death II in penal in Item 18. Give Pages Examiner's Office along with far File pages Land 2 with the State and in any event within 72 hour	3 NAME OF First A Middle y Last 4 DATE Manth Day Year
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Chie	IMMEDIATE CAUSE (a) CETABRAL VASCULTIC DETO
auk war he ial-1	Conditions, if any which gave) DUE TO SEVERAL COLLECTIONS (I) SEVERAL
sh he ta t bur	rise to immediate couse (o).
ficate ing t rded as a al, cre	stoting the underlying cause (c)
s certificate shauld be executed within 24 haurs after death 1f e, writing the ward "pending" in penal in Item 18. Give Pages 1, farwarded to the Chief Medical Examiner's Office along with farm used as a burial-transit permit. File pages 1 and 2 with the State Deburial, cremation, ar removal, and in any event within 72 haurs.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY
This certificate shauld cate, writing the ward be farwarded to the Che used as a burial-tre to burial, cremation,	₩ YES NO
INER: Th. in certificate shauld be shauld be files. 3 shauld be ont, prior for	200 EXTERNAL CAUSE WAS PRIMARY PLAY CONTRIBUTING CONTRIBUTION CONTRIBU
Cert cert cert auk les. shau	
MECCAL EXAMINER: This please execute the certificate, I director. Page 4 shauld be fretained for your files. DIRECTOR: Page 3 shauld be ut a designated agent, prior to	How arm
L EXA recute Page for you R:Page	21 Leasting that I had above at the remove described place Automore I heart in the Indian I
AL for Pose	21 certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry , ond in my opin a death resulted from. Notural causes Accident , Suicide , Homicide Undetermined monner
se se ector	death resulted from. Notural causes Accident , Suicide , Homicide , Undefermined monner ,
M Mean plea dire dire of dire s directorial	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER () 27. DATE AIGNE
DITY Try. I erroll be r Be r ar iil	EXAMINER'S TO DEPUTY MEDICAL EXAMINER OF
necessary, please execute the certificathe funeral director. Page 4 shauld be 5 may be retained for your files. To FUNERAL DIRECTOR: Page 3 shauld be Health at its designated agent, prior	NAME (Type) TEDLY U, DAVIS Address Strateging of coparing to Copar
nec the OF	230 BURIA, CREMATION, 236 DATE THEREOF 23C. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
	BYDAY(Secty) JULY 24,1969 ST ROSE OF UMA CHETAPEAKE CITY MA 24. FUNERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR 250. REGISTRAR 5. SIGNATURE
VR A15ME (S)	10120 E 1007 1111 9 F 1007 1111
6M 1/66	PIPPIN PON BRITE HERRE Street 12 Joe My DATE JUL 43 1961 Junger



CERTIFICATE OF DEATH funeral PLACE OF DEATH 2 IISUAL RESIDENCE (Where decresed lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Cecil Md. the ad 2 MARYLAND c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 ٥ write RURAL and give nearest town) Earleville .⊑ Pages Filled A STREET ADDRESS m. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita), give streat address) ON A FARM? YES NO TO completely 3. NAME OF Last 4. DATE Month Year Middle DECEASED DEATH (Typa or print) WILLIAM C. 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 ARS 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED and last birthday) Months Days DIVORCED July.16.1899 physician 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) dona during most of working life, even it retired) U.S.A. Farming. Md. Ret. Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Martha Nickerson Tames Taylor ä Addrass 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes giva warordalas of servica) Earleville, Md. 21919 217-09-4873 Mrs. Anna Taylor. No. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL RÉTWEEN ONSET AND DEATH ARY ARTERY DISEASE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which 151 gava rise to immediate cause DUE TO (a), stating the underlying causa last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (Stata) 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from from the causes and on the date stated above. saw the deceased alive on. ...1960 , and that death occurred at DATE 220. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City. (Stela) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Cecilton, Cecil Co: Md. Cecilton Cemetery. July. 25.1967 O Burial 25a. REC'D BY REGISTRAR 24 PONIBAL DIRECTOR'S SIGNATUR ADDRESS VR A15 (4) Millington, Md. 21651 DATE JUL 15M 7-62

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09476 The law requires that the deoth certificate be executed within 24 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND Cecil Cecil Maryland b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Elkton 9 days Rural. North East d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Union Hospital YES NO X 3. NAME OF Middle 4. DATE First Last Month Doy Year remove corbo OF DEATH DECEASED CHARLES ALFRED WEAVER event, Type or print) 19 67 July 9 IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED birthday) Manths Days Haurs Nov. 15, 1913 and in ony WIDOWED DIVORCED Male White and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired) INDUSTRY COUNTRY? Truck Driver Sand & Gravel Harford Co. Marvland IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotion, or removol, Rebecca Comb Benjamin F. Weaver TS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dotes of service)
Ves. 17. INFORMANT Address Box 181 16. SOCIAL SECURITY NO William E. Weaver 214-16-8883 North East, Md. INTERVAL BETWEEN signed by the c burial-transit p CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronetiogenie Caremouna of Ht. lung IMMEDIATE CAUSE (o) Poge 4 moy be retained by the hospital or attending physician. **DUE TO** Canditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause Health prior to hos been 争 lost. use os 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO certificote 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) Hour o.m. factory, street, affice blda, etc.) Not While O FUNERAL DIRECTOR: After 1966, ta 21. I certify that (1) (this hospital) attended the deceased fram. 9 July 19 67, that (1) (we) last 1967, and that death accurred at 5:50 A.M. from causes and an the date stated above. sow the deceased alive on, Tula 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. DIRECTOR M.D. PHYS. r, page 3 be filed 22d ADDRESS 22c. PHYSICIAN'S O HOSPITAL H. HUEBNER NORTH NAME (Type) director, should b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) East Methodist North North East Cecil Md. 7/12/67 Burial 250. REC'D BY REGISTRAR REGISTRADIS SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Box 22 Marelly VR A15 (4) 20 M 1/66 Grant Funera North East, Md. DATE

